FOR SCHOOL DISTRICT OFFICE USE ONLY	
VENDOR NAME	VENDOR NUMBER

Electronic Funds Transfer (EFT) Payment Enrollment Form

This form is used to register your organization for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Financial 2000 System by the School District listed below. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

Return the completed form (signed original) to the School District address provided in Section 1.

SECTION 1 (TO BE COMPLETED BY SCHOOL DISTRICT)

PAYOR/SCHOOL DISTRICT INFORMATION			
SCHOOL DISTRICT NUMBER	SCHOOL DISTRICT NAME		FEIN
SCHOOL DISTRICT ADDRESS (NUMBER, STREET)			
ADDRESS (CITY, STATE, AND ZIP CODE)			
NAME OF CONTACT PERSON		FAX NUMBER	TELEPHONE NUMBER

SECTION 2 (PLEASE CHECK THE APPROPRIATE BOX)

☐ New EFT Account ☐ Change in Bank Account or Mailing Address or Contact ☐ Delete EFT Account

SECTION 3 (TO BE COMPLETED BY VENDOR)

PAYEE/COMPANY INFORMATION	
NAME OF PAYEE/COMPANY	FEIN
ADDRESS OF PAYEE/COMPANY (NUMBER, STREET)	
ADDRESS OF PAYEE/COMPANY (CITY, STATE, AND ZIP CODE)	
NAME OF CONTACT PERSON	TELEPHONE NUMBER
EMAIL ADDRESS	

I hereby authorize the San Bernardino County Superintendent of Schools on behalf of the School District, to initiate credit entries for vendor payments to the account indicated below, and the depository named below is authorized to credit such account. Pursuant to the National Automated Clearing House Association rules, the San Bernardino County Superintendent of Schools may initiate a reversing entry or reversing file to recall a duplicate or erroneous entry or file which they previously initiated. If the reversal attempt fails, the San Bernardino County Superintendent of Schools may employ other appropriate means to correct the error. I acknowledge that the origination of electronic fund transactions to the account must comply with the provisions of U.S. law. This authorization is to remain in full force effect until the School District has received written notice of its termination in such matter as to afford the San Bernardino County Superintendent of Schools a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE	DATE SIGNED
PRINTED NAME	
TITLE	

FOR SCHOOL DISTRICT OFFICE USE ONLY	
VENDOR NAME	VENDOR NUMBER

PRIVACY ACT STATEMENT

The following information is provided to comply with Privacy Act of 1974. All information collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the San Bernardino County Superintendent of Schools to transmit payment data, on behalf of the School District listed above, by electronic file transfer to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

ACCOUNT VALIDATION

For the purpose of EFT payments, vendors are requested to ensure the account specified on this enrollment form remains active. Vendors shall notify the appropriate party(s) for any changes related to the ability of the specified account to receive ACH payment.

SECTION 4 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

FINANCIAL INSTITUTION INFORMATION	
NAME OF FINANCIAL INSTITUTION	
ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)	
NAME OF ACH COORDINATOR (PLEASE PRINT)	TELEPHONE NUMBER
NINE DIGIT ROUTING TRANSIT NUMBER: ☐☐☐☐☐☐☐☐☐	TYPE(S) OF ACCOUNT ☐ SAVINGS ☐ CHECKING
DEPOSITOR ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	
BANK REPRESENTATIVE AUTHORIZED SIGNATURE	

FOR SCHOOL DISTRICT OFFICE USE ONLY			
KEYED BY	DATE	REVIEWED BY	DATE
VERIFIED BY			DATE

INSTRUCTIONS FOR COMPLETING ENROLLMENT FORM

1. **Section I – School District Information**
   Payor/School District types or prints name and address of the district and provides contact information.

2. **Section II – Action**
   Payee checks the box indicating the desired action, e.g. **ADD, MODIFY**, or **DELETE**

3. **Section III - Payee/Company Information Section**
   Payee prints or types the name of the payee/company and address that will receive ACH vendor payments, Federal Employer ID (FEIN), designated contact person and assigned telephone number.

4. **Section IV - Financial Institution Information Section**
   Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. The financial institution also enters type of account to be used, e.g. checking or savings into the appropriate box.
   Footnote - A voided check or savings deposit slip may be required by the School District for the verification of bank account and routing transit numbers. The routing transit number for your bank and your bank account number can be found at the bottom of the voided check or savings deposit slip.