



FNSBSD

Electronic Fund Transfer (EFT)

Enrollment Form



Special Instructions: FNSBSD Vendors, and **B.E.S.T. Parents** may choose to enroll in Electronic Fund Transfers (EFTs, aka "ACH"), for payment of invoices, or reimbursements. Payments made by EFT are expected to be deposited into accounts within **2-3 days**. **IMPORTANT Note:** To verify the account information upon enrollment, the 1st payment issued upon enrollment will always be in the form of a check. Once verified, the 2nd and (future) payments will be made by EFT.

Vendors and B.E.S.T. parents may also sign up for "Vendor Self Service" (VSS) to view the status of their payment. Visit 'Vendor Resources' on our website for more information: www.k12northstar.org/departments/administrative-services/purchasing-information-resources/vendor-resources

You will be contacted by a member of the Purchasing team if additional information is needed.
Any alterations or unauthorized additions shall invalidate this form.

To enroll in EFT, complete the following:

Payee (Full Name): _____
(Business Name, Vendor Name, or Parent Name)

Tax ID, or Last (4) of SSN: _____

E-mail Address: _____

Phone#: _____

Name of Financial Institution: _____

State: _____

Institution Transit Routing Number: _____

Account#: _____

Deposit into (type of account; check only one): ☐ **Checking** -or- ☐ **Savings**

Electronic Fund Transfer (EFT) Authorization

Type of Authorization (check one): ☐ **Initial Enrollment** ☐ **Change / Update** ☐ **Cancellation**

I hereby authorize the Fairbanks North Star Borough School District (FNSBSD) to make EFT deposits into my account as indicated.

I further authorize the FNSBSD to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account(s) I have indicated above. I understand that the FNSBSD will make a reasonable effort to notify me within 24 hours if a debit entry or adjustment is made on the account(s) I have indicated above.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until FNSBSD has received written notification from me of its termination in such time and such manner as to afford FNSBSD and the Financial Institution a reasonable opportunity to act on it. I understand I must notify the FNSBSD immediately and complete a new form if I change financial institutions, account numbers, or type of account.

Signature: _____ Printed Name: _____ Date: _____

This form must be completed and submitted to the Purchasing Dept, at purchasing@k12northstar.org