BOBBY JINDAL
GOVERNOR

PAUL W. RAINWATER
COMMISSIONER OF ADMINISTRATION

# State of Louisiana

Division of Administration

## Office of Statewide Reporting and Accounting Policy

## A MESSAGE FROM THE DIRECTOR:

The State of Louisiana sends Electronic Fund Transfers (EFTs) from the State's bank directly to the payee's bank each weekday. However, checks are printed and mailed only on Tuesdays and Fridays of each week, except for holidays. **Electing to receive payments through EFT can result in you receiving your payments sooner.**

The only requirement for participation in the EFT payment process is that you have an active checking or savings account at a financial institution that can accept Automated Clearing House (ACH) credit files and remittance information electronically. Payees that elect to receive payments via EFT will not be sent paper remittance advices. This information will be transmitted electronically to the financial institution receiving these funds on your behalf. The remittance information sent electronically will mirror the information currently printed on check stubs. Remittance information includes: Issuing agency name, telephone number, agency number, document number, reference document number, invoice number, comments, and payment amount.

**The State of Louisiana currently provides you with remittance information through the Internet.** This Web based application is secured and presents detailed information about payments made from the State's central accounting system (ISIS). You have the ability to search for and view payment information for the most recent three years. **This site is useful for payments received by check and by EFT**. Access to the application is via a LOG IN screen where the user must provide a valid taxpayer identification number (TIN - FEIN or SSN). The site is organized with you in mind and navigation is logical and simple. Popup help text is also available on selected fields. Availability of popup help text is signified by a question mark when you move the cursor over an item. It is accessible through OSRAP's Homepage at **http://www.doa.louisiana.gov/osrap** by clicking on the **Find Payments** button.

The following information should be verified by your bank to guarantee you are eligible for this process. The EFT payment will be transmitted using a CTX entry in ASCX12 Interchange Control Structures (ANSI ASC X12.5), Application Control Structure (ANSI ASC X12.6) and ANSI ASC X12 transactions containing the 820 Transaction Set (ANSI ASC X12.4). The 820 Transaction Set will contain your remittance information. **Your financial institution must have the ability to receive remittance information electronically and agree to provide that information to you upon request. Ensure that you specifically ask if they can provide you with the information found in the 820 Transaction Set. If you desire the receipt of remittance information as EFTs are received, you must specifically request your financial institution to provide it to you.**

**By signing the attached form, you agree to receive your remittance information through your bank.** You will be responsible for any fees assessed by your financial institution for this service. Please note that all payments made by the State of Louisiana to the location specified will be

made through EFT regardless of the agency requesting payment. Therefore, it is critical that you receive your remittance advices from your financial institution in a user-friendly format. If upon receipt of the remittance information, you have questions regarding a payment, you should contact the agency whose telephone number is provided.

Activation of your EFT enrollment will occur within 5 to 10 days from the time we receive your completed application form. After your enrollment has been activated, payments to you will be sent electronically in the normal course of business, unless we are notified otherwise, in writing.

**If changes occur that affect your bank or account information after submitting the enrollment form, contact our office immediately at the telephone number or address listed below. Failure to do so may result in lost payments. The State will bear no responsibility for lost or misdirected payments if it is determined that you failed to notify us of changes or failed to provide correct information.**

The State must identify payments to vendors via Electronic Funds Transfer (EFT) that are forwarded by the vendor to an account outside of the United States in order to comply with requirements of the United States Treasury Office of Foreign Assets Control. The rules are referred to as "International ACH Transaction (IAT) rules." ACH refers to Automated Clearing House transactions, the common name given to EFT transactions. In this case, IAT refers to the bank code used to identify the international ACH transactions. **You must check yes or no before the EFT Enrollment Form can be processed.** **Yes** means receipts are transferred to an account outside of the U.S. **No** means receipts are not transferred to an account outside of the U.S.

If you would like to continue receiving your payments in the form of a check, you do not need to respond. If you choose to receive your payments via EFT, the enclosed form must be completed and signed by an authorized individual within your organization and financial institution. Enrollees must agree to all of the conditions on the enrollment form. Any questions from our office will be directed to the individuals listed on the form.

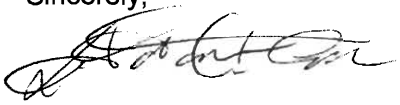
For your convenience, an enrollment form and the instructions are enclosed. Completed forms and a copy of a voided check should be mailed or faxed directly to the address below. **For confidentiality reasons, do not return this form to any State agency other than the Office of Statewide Reporting and Accounting Policy (OSRAP).** If you have any questions, please contact OSRAP at:

LA Division of Administration
Office of Statewide Reporting and Accounting Policy
P.O. Box 94095
Baton Rouge, LA 70804-9095

OSRAP Help Desk:
Phone (225) 342-1097
FAX (225) 342-0964

I hope you will take advantage of this payment method.

Sincerely,



Afranie Adomako, CPA
Director

## COMPLETING THE ENROLLMENT FORM

You are to complete the unshaded portions of the enrollment form. Please complete the fields with the following information:

Vendor Name - The name of your company or organization as it appears on the bank account referenced.

Please Check One – Select New Enrollment or Change.

Vendor Address - The mailing address of your organization to which all payments are sent.

**NOTE: If this address is different from the address on your check, please explain the differences on a separate sheet and attach it to the EFT form.**

Vendor FEIN/SSN - The Federal Tax Identification Number or Social Security Number of your organization.

ACH Routing Number - The 9 digit routing code of the financial institution for the specified savings or checking account to which funds will be deposited. If funds are deposited into your checking account, the routing number usually precedes your checking account number on the bottom of your checks.

Check/Savings Indicator - Circle the appropriate letter. "C" denotes a checking account and "S" denotes a savings account.

Bank Account Number - The bank account to which funds are to be deposited.

Bank ACCT DESCR - A general description of the bank account. For example, "Company XYX corporate checking account."

Bank Name - The name of the financial institution to which funds will be deposited.

Bank Address - (lines 1 - 3) The mailing address of the financial institution to which funds will be deposited.

City/State/Zip - The Bank's City/State/Zip for the mailing address listed.

Bank Telephone Number - The telephone number of the branch or bank office to contact for assistance with transmission problem resolution.

International ACH Transactions – Check the appropriate box. **Yes** means receipts are transferred to an account outside of the U.S. **No** means receipts are not transferred to an account outside of the U.S. A box must be checked before the EFT enrollment form can be processed.

Vendor's Authorized Signature - The signature of the individual completing this form (Payee).

Print Name - Print or type the name of the individual completing this form.

Title - The title of the individual completing this form.

Date - The date the form is completed.

Phone Number - The telephone number of the individual completing the form.

**NOTE: Please include a copy of a voided check or a letter from your financial institution for depository accounts as verification of account information. A representative from your financial institution must complete and sign the area at the bottom of the form.**

ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

* **Please review instructions before completing this form. Please print or type.**
* **Please attach a copy of a voided check, deposit slip, or bank statement.**

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|---|---|
| Vendor Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Please Check One: [ ] New Enrollment [ ] Change |
| Vendor Address: ______________________________ | Vendor FEIN/SSN: _ _ _ _ _ _ _ _ _ — For OSRAP use only. Location Code: _ _ |
| ACH Routing Number:_ _ _ _ _ _ _ _ _ — **Circle C for Checking or S for Savings** Check/Savings Ind: **C or S** | Bank Account Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| Bank ACCT DESCR: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | |
| Bank Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Bank Address: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| Bank Address: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Bank Address: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| City: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ State: _ _ ZIP _ _ _ _ _ _ _ _ _ _ | Bank Telephone Number: ( _ _ _ ) _ _ _ - _ _ _ _ Ext _ _ _ _ _ _ |

By completing the information listed above, I hereby authorize the State of Louisiana, Division of Administration and their designees (***State***) to initiate ACH credit entries to the financial institution account listed as requested by the individual or organization above (Vendor) for payment of goods and services received. This authorization is to remain in full effect until such time as the ***State*** is notified in writing by the vendor. This notification must include such time and be in such a manner as to afford reasonable time for the ***State*** to act on it. I certify that I am authorized to complete the information listed above in the unshaded areas on behalf of the individual or organization named above and resolve issues related to enrollment. The information presented above is true and correct for the individual or organization named above. I understand that by utilizing the State's EFT payment process, I will no longer receive remittance advices from the State of Louisiana for payments issued. I am instead to contact my financial institution for remittance information and I am utilizing a financial institution which has the capability to receive such information. I am solely responsible for any fees assessed by my financial institution for their services. The ***State*** reserves the right to issue a check for payment when the situation warrants. **I agree to notify the *State* of changes to the information listed on this form immediately. Failure to provide the State with correct information or failure to notify the State of changes to bank and/or account information will result in the Vendor bearing sole liability for lost and/or misdirected payments.**

[ ] Yes. [ ] No **Please check the appropriate box to indicate if the payments you receive are deposited in a U.S. Financial Institution and transferred to an account outside the United States. Yes** means receipts are transferred to an account outside of the U.S. **No** means receipts are not transferred to an account outside of the U.S.

| | | | | | |
|---|---|---|---|---|---|
| Vendor's Authorized Signature: | | Print Name: | | | |
| Title: | | Date: | _ _/_ _/_ _ | Phone #: | (_ _ _)_ _ _-_ _ _ _ ext _ _ _ _ |

**FINANCIAL INSTITUTION:**

**I confirm that the routing and account information listed above is correct and our financial institution has the ability to receive ACH credit files and remittance information electronically.**

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|---|---|---|---|---|---|
| Financial Institution's Authorized Signature: | | Print Name: | | | |
| Title: | | Date: | _ _/_ _/_ _ | Phone #: | (_ _ _)_ _ _-_ _ _ _ ext _ _ _ _ |

**Send completed form & void check to DOA-OSRAP EFT Section at P.O. Box 94095, Baton Rouge, LA 70804-9095 or fax to (225) 342-0964**