

**Electronic Funds Transfer (EFT) of EXTRA Loan Disbursements
Enrollment Form**

**SCHOOL
INFORMATION**

School Name _____ Code _____
EFT Contact Person _____
Mailing Address _____

City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail _____

SCHOOL'S EFT FINANCIAL INSTITUTION (BANK)

Name _____
EFT Contact Person _____
Mailing Address _____

City _____ State _____ Zip _____
Phone _____ Fax _____

Bank Transit Routing Number _____
Bank Account Number _____

REMITTANCE ADVICE

1. Remittance data will be provided in the form of an EFT roster. Select one of the following:

Mail _____ Address _____

City _____ State _____ Zip _____
Fax _____ Number _____

2. If you would also like an electronic transmittal, CommonLine Roster via Internet*, of this data,:

Internet address _____

*Information encrypted using AT&T Secret Agent

3. Day(s) of the week you would like to receive disbursements: __Mon __Tues __Wed __Thurs __Fri

4. Lead time requested between the *EFT Disbursement Roster* being sent and disbursement (1-7days)____

5. If more than one school (i.e. medical, law, etc.) or campus is to receive EFT to the same account please indicate which schools and their Federal codes:

6. Effective Date to begin *receiving* funds through EFT _____

Signature _____ Title _____ Date _____

Return Form To: Traci Mitchell
College Foundation Inc.
P.O. Box 41966
Raleigh, NC 27629-1966
800/532-2832 Fax 919/821-3139