

Remit To:
 Office of the State Controller
 Central Compliance Section
 1410 Mail Service Center
 Raleigh, NC 27699-1410

10-2005

**Participant Profile Form
 EFT Master Services Agreement (Contract No. 14-05001)**

Participant Name:	
Participant Address:	
Chief Fiscal Officer	
Primary EFT Contact:	
Telephone Number:	
Email Address:	
Conversion Info:	Used old MSA Y/N: _____ Date new APA Executed by agency: _____ Date Wachovia Connection Setup: _____

Outbound Programs: (e.g., Payroll, Vendor, Taxes, etc)						
Description	Gateway (CPS, Other, None)	Transmission Method (Direct, CPS, WebAchieve)	Settlement Account Number	Fees Paid by Agency or DST	Estimated Annual Transaction Volume	Estimated Annual Dollar Volume

Inbound Programs: (e.g., Taxes, County Drafts, etc)						
Description	Gateway (CPS, Other, None)	Transmission Method (Direct, CPS, WebAchieve)	Settlement Account Number	Fees Paid by Agency or DST	Estimated Annual Transaction Volume	Estimated Annual Dollar Volume

Denote if a Returns Account is utilized

Other Notations: