



ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

Please review the terms and conditions before completing this form

Please check one: New Enrollment Change

Please email signed and completed form to brccf.org or email browna4@mybrcc.edu

Vendor Name: _____

Vendor Address: _____

City *State* *Zip*

Vendor Email: _____

Vendor FEIN/SSN: _____

ABA/Routing Number: _____ Bank Account Number: _____

Type of Account: Checking Savings

Bank Name: _____

Bank Address: _____

City *State* *Zip*

Bank Phone Number: (_____) _____ - Ext. _____

Area Code

By completing the information listed above, I hereby authorize Baton Rouge Community College Foundation (BRCCF) to initiate ACH credit entries to the financial institution account listed for payment of goods and services received.

- This authorization is to remain in full effect until such time as BRCCF is notified in writing by the vendor.
- I understand that by utilizing the EFT payment process, I will receive remittance advises from BRCCF by email only for payments issued.
- I am 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 these services.
- I agree to notify BRCCF of changes to the information listed on this form immediately.

I certify that I am authorized to complete the information listed above in the areas on behalf of this individual or organization and resolve issues related to enrollment. The information presented is true and correct/or the individual or organization named above.

Print Authorized Signature: _____ Title: _____

Authorized Signature: _____ Date: _____

Phone Number: _____ - Ext. _____