

**STATE OF NORTH CAROLINA
STATE CONTROLLER'S COMMON PAYMENT SYSTEM (CPS)
ACH BANK ACCOUNT AUTHORIZATION FORM**

State Agency Name: _____
NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION

File Name: LEA REFUND-IN BOND-IN CHARTER SCHOOL-IN LOCAL TRANSFER

LEA REFUND-OUT BOND-OUT CHARTER SCHOOL-OUT

Check One: _____ Initial Signup _____ Change
 _____ Effective Date _____ Change Effective Date

Participating Entity Information

LEA#: _____

Entity Name: _____

Entity Address: _____

Financial Institution Account Information:

Institution Name: _____

Institution Address: _____

Transit/Routing #: _____ (Nine Digits) Account # _____

Bank or NCCMT Account #: _____ (include any leading zeros)

Type of Account: _____ Checking _____ Savings _____ NCCMT (Check one)

Old Financial Institution Account Information: (Complete only if a change)

Institution Name: _____

Transit/Routing #: _____ Account: _____

Participating Entity Authorization:

I, on behalf of the participating entity indicated above, hereby authorize the North Carolina State Treasurer and State Controller, their successors and their agents, at the direction of the State Agency indicated above, to:

(Circle One)

(a) redeem shares of the above designated North Carolina Capital Management Trust (NCCMT) account and to instruct the NCCMT, its transfer agent, or any of their agents, at the direction of the State Treasurer and the State Controller, and/or

(b) initiate ACH **debit** entries against the above designated bank account, for the monies due the State agency for the referenced program name, and initiate **credit** entries for monies due the participating entity pursuant to the "Established Operational Procedures for the State Controller's Common Payment System," which may be in effect from time to time. This authorization is to remain in full effect until the State Agency, the State Treasurer and the State Controller have received written notification from me of its termination.

Finance Officer Name: _____ Telephone: _____

Signature: _____ Date: _____

Email: _____

<p>MAIL COMPLETED FORM and ORIGINAL VOIDED CHECK TO: Department of Public Instruction Attn: Cash Management Section 6336 Mail Service Center Raleigh, NC 27699-6336 Questions: 984-236-2355</p>	<p>State Agency Use Only:</p> <p>Date Entered _____ DPI Database: _____</p>	<p>State Agency Use Only (File Date): _____</p>
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