

FOR DISTRICT OFFICE USE ONLY	
VENDOR NAME	VENDOR NUMBER

## Electronic Funds Transfer (EFT) Payment Enrollment Form

### SECTION 1

PAYOR/SCHOOL DISTRICT INFORMATION		
SCHOOL DISTRICT NAME <b>LEE COLLEGE</b>		FEIN <b>74-6025566</b>
SCHOOL DISTRICT ADDRESS (NUMBER, STREET) <b>P.O. BOX 818</b>		
ADDRESS (CITY, STATE, AND ZIP CODE) <b>BAYTOWN, TX 77522</b>		
NAME OF CONTACT PERSON AND EMAIL ADDRESS <b>lcpurchasing@lee.edu</b>	FAX NUMBER	TELEPHONE NUMBER <b>281-425-6325</b>

### SECTION 2 (PLEASE CHECK THE APPROPRIATE BOX)

<input type="checkbox"/> New EFT Account	<input type="checkbox"/> Change in Bank Account or Mailing Address or Contact	<input type="checkbox"/> Delete EFT Account
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### SECTION 3 (TO BE COMPLETED BY VENDOR)

PAYEE/COMPANY INFORMATION	
NAME OF PAYEE/COMPANY	FEIN
ADDRESS OF PAYEE/COMPANY (NUMBER, STREET, UNIT/SUITE #)	
ADDRESS OF PAYEE/COMPANY (CITY, STATE, AND ZIP CODE)	
NAME OF CONTACT PERSON	TELEPHONE NUMBER
EMAIL ADDRESS FOR ACH REMITTANCE ADVICE	

I hereby authorize Lee College, to initiate credit entries for vendor payments to the account indicated below, and the depository named below is authorized to credit such account. I acknowledge that the origination of electronic fund transactions to the account must comply with the provisions of U.S. law. This authorization is to remain in full force effect until Lee College has received written notice of its termination in such matter as to afford Lee College a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE	DATE SIGNED
PRINTED NAME	
TITLE	

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PRIVACY ACT STATEMENT

The following information is provided to comply with Privacy Act of 1974. All information collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by Lee College, by electronic file transfer to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

ACCOUNT VALIDATION

For the purpose of EFT payments, vendors are requested to ensure the account specified on this enrollment form remains active. Vendors shall notify the appropriate party(s) for any changes related to the ability of the specified account to receive ACH payment.

SECTION 4 (TO BE COMPLETED BY VENDOR)

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION

ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

NAME OF ACH COORDINATOR (PLEASE PRINT)

TELEPHONE NUMBER

NINE DIGIT ROUTING TRANSIT NUMBER:

TYPE(S) OF ACCOUNT

SAVINGS

CHECKING

DEPOSITOR ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS)

FOR LEE DISTRICT OFFICE USE ONLY			
ENTERED BY PURCHASING	DATE	REVIEWED BY ASST. CONTROLLER	DATE
REVIEWED/APPROVED BY CONTROLLER OR CFO			DATE

- INSTRUCTIONS FOR COMPLETING ENROLLMENT FORM

- Section I – Lee College Information

Payor/School District types or prints name and address of the district and provides contact information.
  - Section II – Action

Payee checks the box indicating the desired action, e.g. **ADD**, **MODIFY**, or **DELETE**
  - Section III - Payee/Company Information Section

Payee prints or types the name of the payee/company and address that will receive ACH vendor payments, Federal Employer ID (FEIN), designated contact person and assigned telephone number. This payee/company will be the only point of contact. It will be the payee/company's responsibility to update that contact information.
  - Section IV - Financial Institution Information Section

The vendor or the vendor's financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. The financial institution also enters type of account to be used, e.g. checking or savings into the appropriate box.

Vendor **MUST** provide a bank letter along with this ACH form for account verification.
  - Return the completed form to Lee College Accounting Services [via OpenGov](#) along with a voided check or savings deposit for the verification of bank account and routing transit numbers. The routing transit number for your bank and your bank account number can be found at the bottom of the voided check or savings deposit slip.