

Electronic Funds Transfer (EFT) Participant Setup Form Bank of America / State of NC

INSTRUCTIONS

1. This Setup Form is to be completed by new participants in the EFT Master Services Agreement (MSA) (Contract No. RFP 07-2019-IT0001 EFT) offered by the Office of the State Controller (OSC) and Bank of America. It provides information necessary for OSC staff, Department of State Treasurer (DST) staff, and Bank of America Treasury Services staff to establish the appropriate setups on various systems {ACH file transmission, Settlement bank account, Bank of America CashPro, billing information, statement rendering, etc}.
2. In addition to the execution of this EFT Participant Setup Form, the participant must complete, or have completed, an "Agency Participation Agreement (APA).
3. From the OSC website ([EFT enrollment forms](#)), click on the appropriate form to start the process of filling out the form online through DocuSign. Document flows have already been established and you will receive a copy of the fully executed document at the end. You will also be able to check on the status of your request (document) through DocuSign.
4. If you have any questions, contact osc.secp.info@osc.nc.gov .

Participant Information

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Name of Account: _____
Note: This will be the second line of the account title.

Agency Federal Tax ID: _____

Fiscal Officer: _____

Phone: _____ Fax: _____

Email: _____

Alternate Contact Name: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

Participant Information – cont'd

Technical Contact Name: _____
Title: _____
Phone: _____ Fax: _____
E-mail : _____

Type of ACH Files to be Originated

Select one of the following:

- Outbound ACH Credits (Vendor or Payroll); Inbound ACH Debits (Collections);
- Web Payments (Payments made via internet)

Description of payments: _____

Bank Settlement Account Information

Provide Wells Fargo EFT account number(s) being converted:

Settlement Bank Account Number: _____ Returns Account Number: _____

Select and complete the item(s) that apply:

- Will use existing account(s):
Settlement Bank Acct #: _____ Returns Acct #: _____

CB\$ Template Number: _____
(Completed by agency if using an existing template. Completed by DST if a new template is needed.)

- Request the establishment of a new **settlement** bank account for **outbound** ACH credit files.

Note: Outbound ACH credit files for participants require a stand-alone DDA which must be funded timely by the participant. Any returns will be credited to the account, which must then be cleared by the participant. The funding method depends upon the type of participant:

* State agency participants will fund the account via wire transfer using DST's Core Banking System (CB\$) and must complete a CB\$ Payment Preauthorization Form obtained from DST, which specifies the disbursing/STIF account to be debited. Please request this form from DST if necessary.

* Community Colleges and Local Education Authorities (LEAs) will fund the account according to instructions in DST's publication, *Banking Services Handbook*.

<https://www.nctreasurer.com/fod/Resources/BankingHandbook.pdf> .
See section entitled "Direct Deposit Guidelines for Community Colleges and LEAs."

New Account Number: _____ (filled out by Bank of America)

CB\$ Template Number: _____
(Completed by agency if using an existing template. Completed by DST if a new template is needed.)

- Request the establishment of a new **settlement** bank account for **outbound** ACH credit files and a **Returns** account.

Note: Outbound ACH credit files for participants require a stand-alone DDA which must be funded timely by the participant. The funding method depends upon the type of participant:

Bank Settlement Account Information – cont'd

* State agency participants will fund the accounts via wire transfer using DST's Core Banking System (CB\$) and must complete a CB\$ Payment Preauthorization Form obtained from DST, which specifies the disbursing/STIF account to be debited. Please request this form from DST if necessary.

* Community Colleges and Local Education Authorities (LEAs) will fund the account according to instructions in DST's publication, *Banking Services Handbook*.

<https://www.nctreasurer.com/fod/Resources/BankingHandbook.pdf> .

See section entitled "Direct Deposit Guidelines for Community Colleges and LEAs."

Any returns will be credited to the returns account. The returns account for participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST's bank account at Bank of America, DDA# XXXXXXXXXXX063. The agency must submit one certification in CMCS for the total amount swept each day. Specify the CMCS Group ID# to be certified under: _____

Also, specify if either: a new CIT bank number (location code) is needed to be assigned by DST; or an existing location code will be utilized: _____

New Account Number: _____ New Return Account Number: _____ (filled out by Bank of America)

CB\$ Template Number: _____

(Completed by agency if using an existing template. Completed by DST if a new template is needed.)

Request the establishment of a new **settlement** bank account for **inbound** ACH debit files.
(State Agency participant only)

Note: Inbound ACH debit files for participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST's bank account at Bank of America, DDA# XXXXXXXXXXX063. With this option returns will be debited from the settlement account. The agency must submit one certification in CMCS for the total amount swept each day. Specify the CMCS Group ID# to be certified under: _____

Also, specify if either: a new CIT bank number (location code) is needed to be assigned by DST; or an existing location code will be utilized: _____

New Account Number: _____ (filled out by Bank of America)

Request the establishment of a new **settlement** bank account for **inbound** ACH debit files.
(Non-State agency participant only)

Note: Inbound ACH debit files for participants not depositing with DST may use a ZBA settlement account that sweeps nightly to their local DDA. The ZBA to be established will sweep to acct # _____

Alternately, the funds may settle directly to the participant's existing local main DDA: _____

New Account Number: _____ (filled out by Bank of America)

Request the establishment of a **Returns** account for **inbound** ACH debit files. State agency participants should fund the account via wire transfer using DST's CB\$. A Payment Preauthorization Form may be obtained from DST to establish a template if applicable.

Note: Inbound ACH debit transactions may occasionally "bounce" due to invalid account, Non-sufficient funds (NSF), etc. Participant must reimburse the Returns account timely to clear any deficit balances.

New Account Number: _____ (filled out by Bank of America)

Bank Settlement Account Information – cont'd

CB\$ Template Number: _____
(completed by agency if using an existing template. Completed by DST if a new template is needed.)

Other Request / Comment: _____

Note: DST will notify the participant whenever the request has been acted upon.

ACH File Transmission Method

File transmission will be through (Select One of the following):

- The State's Common Payment Service (CPS) gateway service (Arrangements must be made with CPS.)
- A third-party gateway service: _____ (Must be pre-approved by OSC)
- A Value Added Network (VAN): _____ (Bank of America will contract you for requirements)
- An FTP transmission directly to Bank of America. (Bank of America will contact you for requirements and testing.)
- Other / Comment: _____

ACH File Processing Information

The following information is needed by Bank of America to be able to identify a valid ACH file received from the participant:

1. Company Name: _____ (Field length = 16)

This name must be the same as that contained in the ACH Batch Header Record, Field # 3.

It will be displayed on the payee's / payor's bank statement, along with the "Company Discretionary Data" contained in Field #4 of the ACH Batch Header Record.

Also, it is the Company Name used to set up users on Bank of America CashPro.

2. Company ID: _____ (Agency Federal Tax ID)

This is the number that the settlement bank account will be associated with, as well as the number that should be contained in the ACH File Header Record, Field #4, with a prefix of 1.

3. Estimated "Peak" dollar amount per file transmitted to the bank: _____

This amount is used internally by Bank of America.

4. Estimated daily (or weekly/monthly) amount per file transmitted to the bank: _____

This amount is used internally by Bank of America.

5. Please specify this is will be a daily, weekly or monthly file: _____

6. Will the file processing include addenda records? Yes No

If "yes" will Participant require a posting settlement file? Yes No

If "yes" you will be contacted by Bank of America Treasury Services Technical Support for additional information.

Payment of Fees Arrangements

Select one of the following:

Arrangements have previously been made with DST for the bank services fees to be paid by DST. (This is generally for payroll payments and NCAS related payments.) DST Signature:

DST Signature Date

Participant will pay for the bank services billed by Bank of America on a monthly basis. (Complete the section below regarding the billing information.)

The fee schedule may be viewed at the following site: [EFT Services](#)

Billing Information

Complete if bank service fees are to be paid by Participant (Select one of the following):

Central Billing – Send invoices to the billing address associated with the Participant’s main DDA
Or

Decentralized Billing – Send invoices to the billing address below

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email : _____

Statement Rendering Information

Select one of the following:

Central Reconciliation – Send monthly bank statements to the address associated with the Participant’s main DDA (local units of govt. or community colleges). This option is not available to State agencies or universities.

Decentralized Reconciliation – Send monthly bank statements to the address below:

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Statement Rendering Information – cont'd

Phone: _____ Fax: _____

Email: _____

Note: Each participant is responsible for reconciling the settlement bank accounts timely.
Bank of America CASHPRO is a useful tool to perform this reconciliation daily. Paper statements are monthly.

Bank of America CASHPRO Information:

Information on Bank of America CASHPRO can be found at [Bank of America CashPro](#).

Note: Click the Link above or type the address below into your browser.

http://corp.bankofamerica.com/business/ci/landing/explore-cashpro?cm_mmc=General_-_vanity_-_ZZ01VN003B_exploreashpro_-_NA

Bank of America CASHPRO Administration

1. Participant requires set-up of Bank of America CASHPRO with DST being the administrator (under DST's Bank of America CASHPRO ID.). The new settlement account and returns account will be set up under this CASHPRO ID.

Note: OSC will have access to view the account, and DST will serve as the administrator, setting up users and performing administrative functions (e.g., password resetting).

Bank of America CASHPRO Administration - cont'd

2. Standard Reporting is \$20.00 per month - Previous day and Intra Day Reporting – Includes reports indicated in Report Chart on page 6.

Bank of America CASHPRO Participant Users Setup

This section should be completed only if OSC will be serving as the Administrator, setting up users for the participant, and performing administrative functions, such as password resetting, etc. Once set up by the DST Administrator, DST will provide each user their User ID and initial password. If changes are needed in the future, contact DST for instructions on how to add/delete users. These users are to be set up by the DST Administrator under the Bank of America CASHPRO ID.

Name (Last Name, First Name)	Mailing Address	Email Address	Phone #	Fax #

Bank Products/Services

- Information Reporting Previous Day Detail
- Information Reporting Current Day Detail/ACH
- Returned Items Report
- ACH Receive Report
- Account Analysis Statement
- ACH Acknowledgement of File Receipt
- ACH Entry Detail Report
- ACH File Totals Report
- ACH Origination Reconciliation Report
- ACH Requested Deletes and Reversals
- ACH Requests Deletes and Reversals –File Level
- ACH Return Settlement Reconciliation Report
- ACH Returned Items Report-End of Day
- ACH Returned Items Report-Intraday
- ACH Reversal/Deletion Detailed Reconciliation List
- Other (Please Specify): _____
- Other (Please Specify): _____
- Other (Please Specify): _____

Report Chart

ACH Fraud Filter

ACH Fraud Filter is required for all state-owned accounts. Please list below any Company ID (s) authorized to debit the account. A full debit block will be placed on the account(s) if no company ID is provided.

Company Name	Company ID

Account Setup/Registration
(Please note: This section to be completed by Department of State Treasurer)

Account Title: North Carolina Department of State Treasurer

See page 1

Tax ID: 56-1545517

For DST Use Only:

DST will use this section to notify each user above of their assigned User ID and initial temporary password.

Name (Last Name, First Name)	User ID	Temporary Password

Required Signature – Participant’s Chief Fiscal Officer

The signature of the participant's chief fiscal officer below indicates his/her request to establish the appropriate setups as referenced herein, including any account openings (if applicable); as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: _____

Chief Fiscal Officer’s Name: _____

Title: _____

Signature: _____

Date: _____

For DST Use Only

For Bank of America Use Only

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For OSC Use Only

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