*PLEASE REVIEW THE TERMS AND CONDITIONS BEFORE COMPLETING THIS FORM:*

**Check one**: [ ]  New Enrollment [ ]  Change

|  |  |
| --- | --- |
| Vendor Name: |       |
| Vendor Address: |      City       State      Zip Code      |
| Vendor FEIN/SSN: |       |
| Type of Account: | [ ] Checking [ ] Savings  |
| Bank Name: |       |
| Bank Address: | City       State      Zip Code      |
| Bank Telephone Number: |       Ext.       |

***This authorization is to remain in full effect until such time as BRCC is notified in writing by the vendor.***

[ ] I hereby authorize Baton Rouge Community College (BRCC) to initiate ACH credit entries to the financial institution account listed for payment of goods and services received**.**

[ ] I understand that by utilizing the EFT payment process, I will no longer receive remittance advises from BRCC for payment 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 BRCC 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 for the individual or organization named above.**

**Check the Campus Code Designator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ] **BA****Main Campus** | [ ] **BB****Frazier** | [ ] **BC** **Donmoor** | [ ] **BE****North Acadian Campus** **Baton Rouge** | [ ] **BF** **Folkes Branch Campus** **Jackson** | [ ] **BG****Jumonville Branch Campus New Roads** |
| [ ] **BH** **Port Allen Campus** | [ ] **BI** **Westside Branch Campus Plaquemine** | [ ] **BJ****Louisiana State Penitentiary Angola** | [ ] **BK****LA Correction Institute of Women** | [ ] **BL****Elayn Hunt Correctional Center** | [ ] **BM****Dixon Correctional Institute** |

**Print Name: Title:**

**Authorized Signature: Date:**