

**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)  
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**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><b>MAIL COMPLETED FORM and BANK LETTER TO:</b>          Department of Public Instruction          Attn: Cash Management Section          6336 Mail Service Center          Raleigh, NC 27699-6336          Questions: 984-236-2449</p>	<p>State Agency Use Only:           Date Entered _____          DPI Database: _____</p>	<p>State Agency Use Only (File Date):           _____</p>
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