



College Foundation, Inc.

Electronic Funds Transfer (EFT) of EXTRA Loan Disbursements Enrollment Form

SCHOOL INFORMATION

School Name _____ Code _____
 EFT Contact Person _____
 Mailing Address _____

 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-Mail _____

SCHOOL'S EFT FINANCIAL INSTITUTION (BANK)

Name _____
 EFT Contact Person _____
 Mailing Address _____

 City _____ State _____ Zip _____
 Phone _____ Fax _____

Bank Transit Routing Number _____
 Bank Account Number _____

REMITTANCE ADVICE

1. Remittance data will be provided in the form of an EFT roster. Select one of the following:
 Mail _____ Address _____

 City _____ State _____ Zip _____
 Fax _____ Number _____

2. If you would also like an electronic transmittal, CommonLine Roster via Internet*, of this data,:

Internet address _____
 *Information encrypted using AT&T Secret Agent

3. Day(s) of the week you would like to receive disbursements: __Mon __Tues __Wed __Thurs __Fri

4. Lead time requested between the *EFT Disbursement Roster* being sent and disbursement (1-7days)___

5. If more than one school (i.e. medical, law, etc.) or campus is to receive EFT to the same account please indicate which schools and their Federal codes:

6. Effective Date to begin receiving funds through EFT _____

Signature _____ Title _____ Date _____

Return Form To: Traci Mitchell
 College Foundation Inc.
 P.O. Box 41966
 Raleigh, NC 27629-1966
 800/532-2832 Fax 919/821-3139