



# Electronic Funds Transfer (EFT) of Grant Disbursements Enrollment Form

## SCHOOL INFORMATION

School Name \_\_\_\_\_ Code \_\_\_\_\_

EFT Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

## SCHOOL'S EFT FINANCIAL INSTITUTION (BANK)

Name \_\_\_\_\_

Bank Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Bank Transit Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Please send all funds via EFT for the grant program(s) marked below to the Bank Account indicated on this form:

NC Community College Grant

UNC Need Based Grant

NC Student Incentive Grant

NC Education Lottery Scholarship

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**