



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

EARN Scholars Fund

Signature _____ Title _____ Date _____

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