

EFT ACH Management Setup Form Wachovia Bank / State of NC

INSTRUCTIONS

1. This ACH Management Setup Form is to be completed by new participants in the EFT Master Services Agreement (Contract No. 14-05001) offered by the Office of the State Controller (OSC) and Wachovia Bank, and only by participants that will be using Wachovia ACH Management as the method of transmitting ACH files to the bank. It provides information necessary for Wachovia Treasury Services staff to establish the appropriate setups on ACH Management, including the establishing the participant employees that will serve as the participant's: A) System Administrator(s); and B) "operators" and "authorizers."
2. In addition to the execution of this ACH Management Setup Form, the participant must have completed an "Agency Participation Agreement (APA)" and an "EFT Participant Setup Form."
3. All four copies of the APA, one copy of the EFT Participant Setup Form, and one copy of this ACH Management Setup Form should be submitted to the following address:
OSC Central Compliance Section
Office of the State Controller
1410 Mail Service Center
Raleigh, NC 27699-1410
Attn: SECP
4. In addition to the mailings, the Setup Forms are to be as submitted by email to:
osc.secp.info@osc.nc.gov

Participant Information

Participant Name: _____

Fiscal Officer: _____

Phone: _____ Fax: _____

Email ID: _____

Type of ACH Files to be Originated

Select all that apply:

Transactions to or against consumer accounts

- Outbound ACH Credits (Preauthorized Direct Deposit) (PPD transactions)
- Inbound ACH Debits (Preauthorized Payments) (PPD transactions)

Transactions to or against commercial accounts

- Outbound ACH Credits (Vendor Payments) (CCD transactions)
- Inbound ACH Debits (Vendor Collections) (CCD transactions)
- Addenda Records can be attached (CCD+ transactions)

Processing Settlement Account Information

Wachovia to complete this information:

Refer to the bank settlement account information supplied on the "EFT Participant Setup Form."

Settlement account: _____

Returns account: _____

Billing account: _____

ACH Returns Reporting Option

The following option is the only option:

Wachovia Connection

Frequency of File Delivery

Select one of the following:

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly
- Other: _____

ACH Management Types of Users – Information Only

Wachovia sets up all users on ACH Management, not the participant (agency). Wachovia also sets the maximum limits associated with each user, as requested by the participant. Detailed procedures will be provided the participant once this setup is complete.

System Administrator

- * Authorizes users that are set up by Wachovia
- * Designates users as either "operators" or "authorizers" or both
- * Performs customer setup edits and performs maintenance functions (e.g., password resetting)

Operators

Sets up transactions and file transfers

Authorizers

Authorizes transactions and file transfers set up by operators

ACH Management System Administrator(s)

Primary System Administrator

Employee Name: _____

Phone: _____

Email ID: _____

Secondary System Administrator

Employee Name: _____

Phone: _____

Email ID: _____

ACH Management Users (Operators and/or Authorizers)

The System Administrator will make the designation after the users are set up by Wachovia

Employee Name # 1: _____

Phone: _____

Email ID: _____

a) Maximum Daily Release Amt.	\$
b) Maximum Database Entry Amt.	\$
c) Maximum Batch Release Amt.	\$
d) Maximum Batch Creation Amt.	\$

Employee Name # 2: _____

Phone: _____

Email ID: _____

a) Maximum Daily Release Amt.	\$
b) Maximum Database Entry Amt.	\$
c) Maximum Batch Release Amt.	\$
d) Maximum Batch Creation Amt.	\$

Employee Name # 3: _____

Phone: _____

Email ID: _____

a) Maximum Daily Release Amt.	\$
b) Maximum Database Entry Amt.	\$
c) Maximum Batch Release Amt.	\$
d) Maximum Batch Creation Amt.	\$

Employee Name # 4: _____	
Phone: _____	
Email ID: _____	
a) Maximum Daily Release Amt.	\$
b) Maximum Database Entry Amt.	\$
c) Maximum Batch Release Amt.	\$
d) Maximum Batch Creation Amt.	\$

Mailing Address for ACH Management Confirmation Package	
This is the address that the ACH Management confirmation package will be sent, including user IDs and initial passwords. It is normally the address of the primary System Administrator.	
Main Address:	_____
City:	_____
State:	_____
Zip:	_____
Fax:	_____

Internet Connectivity	
Select one of the following:	
<input type="checkbox"/>	Cable Modem
<input type="checkbox"/>	DSL
<input type="checkbox"/>	T1 Connection

Required Signature – Participant’s Chief Fiscal Officer	
The signature of the participant’s chief fiscal officer below indicates his/her request to establish the appropriate setups as referenced herein, including the designation of authorized users of ACH Management; as well as affirming that appropriate procedures are in place to ensure that authorized users of the online system adhere to all applicable security requirements.	
Participant (Agency) Name:	_____
Chief Fiscal Officer’s Name:	_____
Title:	_____
Signature:	_____
Date:	_____