

EFT Participant Setup Form
Wachovia Bank / State of NC

INSTRUCTIONS

1. This 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. It provides information necessary for OSC staff, DST Staff, and Wachovia Treasury Services staff to establish the appropriate setups on various systems (ACH file transmission, Settlement bank account, Wachovia Connection, billing information, statement rendering, etc).

2. In addition to the execution of this Participant Setup Form, the participant must complete, or have completed, an "Agency Participation Agreement (APA),"executed in quadruplicate by the Chief Fiscal Officer (1-OSC; 2-DST; 3-WACH; 4-Participant).

3. All four copies of the APA and one copy of the EFT Participant 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 Form is to be as submitted by email to: osc.secp.info@osc.nc.gov

Participant Information

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Federal Tax ID: _____

Fiscal Officer: _____

Phone: _____ Fax: _____

Email ID: _____

Alternate Contact Name: _____

Title: _____

Phone: _____ Fax: _____

E-mail ID: _____

Type of ACH Files to be Originated

Select one of the following:

- Outbound ACH Credits (Vendor or Payroll); or Inbound ACH Debits (Collections)

Description of payments: _____

Bank Settlement Account Information

Select and complete the item(s) that apply:

- Will use existing account(s):
Settlement Bank Acct #: _____; Returns Acct #: _____

Request the establishment of a new **settlement** bank account for **outbound** ACH credit files.
Note: Outbound ACH credit files for participants require a stand-alone DDA which must be funded timely by the participant. Any returns will be credited to the account, which must then be cleared by the participant. The funding method depends upon the type of participant:

* State Agency participants that will fund the account via wire transfer using DST’s Core Banking System must complete a CB\$ Payment Preauthorization Form obtained from DST, which specifies the disbursing/STIF account to be debited.

* Community Colleges and LEAs will fund the account according to instructions in DST’s publication, *Banking Services Handbook*. <http://www.nctreasurer.com/DSThome/FinOperations/Publications.htm> . See section entitled “Direct Deposit Guidelines for Community Colleges and LEAs.”

- Request the establishment of a new **settlement** bank account for **inbound** ACH debit files.
(State Agency participant only)

Note: Inbound ACH debit files for participants depositing with DST require a Zero Balance Account (ZBA), which sweeps nightly to DST’s bank account at Wachovia, DDA# XXXXXXXXXX0434. Agency must then certify the funds on CMCS. Specify the CMCS Group ID# to be certified under: _____

Also, specify if either: a new CIT bank number is needed to be assigned by DST; or an existing CIT bank number will be utilized: _____

- Request the establishment of a new **settlement** bank account for **inbound** ACH debit files.
(Non-State agency participant only)

Note: Inbound ACH debit files for participants not depositing with DST may use a ZBA settlement account that sweeps nightly to their local DDA. The ZBA to be established will sweep to acct # _____

Alternately, the funds may settle directly to the participant’s existing local main DDA: _____

- Request the establishment of a **Returns** account for **inbound** ACH debit files.

Note: Inbound ACH debit transactions may occasionally “bounce” due to invalid account, NSF, etc.

Participant must reimburse the Returns account timely to clear any deficit balances. A Returns account is not needed for outbound ACH credit files.

- Other Request / Comment: _____

Note: DST will notify the participant whenever the request has been acted upon.

ACH File Transmission Method

File transmission will be through (Select One of the following):

- The State’s Common Payment Service (CPS) gateway service (Arrangements must be made with CPS.)

- A third-party gateway service: _____ (Must be pre-approved by OSC)

- A Value Added Network (VAN): _____ (Wachovia will contract you for requirements)

- An FTP transmission directly to Wachovia. (Wachovia will contact you for requirements and testing.)

- Wachovia ACH Management (The Wachovia ACH Management setup form must also be completed.)

- Other / Comment: _____

ACH File Processing Information

The following information is needed by Wachovia to be able to identify a valid ACH file received from the participant:

1. Company Name: _____ (Field length = 16)

This name must be the same as that contained in the ACH Batch Header Record, Field # 3.

It will be displayed on the payee's / payor's bank statement, along with the "Company Discretionary Data" contained in Field #4 of the ACH Batch Header Record.

Also, it is the Company Name used to set up users on Wachovia Connection.

2. Company ID: _____ (Federal Tax ID)

This is the number that the settlement bank account will be associated with, as well as the number that should be contained in the ACH File Header Record, Field #4, with a prefix of 1.

3. Estimated "Peak" dollar amount per file transmitted to the bank: _____

This amount is used internally by Wachovia.

4. Will the file processing include addenda records? Yes No

If "yes" will Participant require a posting settlement file? Yes No

If "yes" you will be contacted by Wachovia Treasury Services Technical Support for additional information.

Payment of Fees Arrangements

Select one of the following:

Arrangements have previously been made with DST for the bank services fees to be paid by DST. (This is generally for payroll payments and NCAS related payments.)

Participant will pay for the bank services billed by Wachovia on a monthly basis. (Complete the section below regarding the billing information.)

The fee schedule may be viewed at the following site: http://www.osc.nc.gov/SECP/Fee_Schedule.pdf

Billing Information

Complete if bank service fees are to be paid by Participant (Select one of the following):

Central Billing – Send invoices to the billing address associated with the Participant's main DDA
or

Decentralized Billing – Send invoices to the billing address below

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____

Fax: _____

Email ID: _____

Statement Rendering Information

Select one of the following:

Central Reconciliation – Send monthly bank statements to the address associated with the Participant's main DDA (local units of govt. or community colleges). This option is not available to State agencies or universities.

Decentralized Reconciliation – Send monthly bank statements to the address below:

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____

Fax: _____

Email: _____

Note: Each participant is responsible for reconciling the settlement bank accounts timely. Wachovia Connection is a useful tool to perform this reconciliation daily. Paper statements are monthly.

Information Reporting Set-Up (Internet Access via Wachovia Connection)

1. Select one of the following:

A. Participant requires set-up of Wachovia Connection, with OSC being the administrator (under OSC's Wachovia Connection ID: NCSTTREA). The new settlement account and Returns account will be set up under the participant's Company Name indicated above in the ACH File setup section. The Participant's Company Name will then be added as a sub-company under the Company Name: Office of State Controller.

Note: OSC will have access to view the account, and will serve as the administrator, setting up users and performing administrative functions (e.g., password resetting).

B. Participant requires set-up of Wachovia Connection, with participant being its own administrator (under Participant's assigned Wachovia Connection ID). The new settlement account and Returns account should be added to the participant's Company Name, as indicated above in the ACH File setup section. See section below for assigning of administrator.

Note: OSC will not have access to the account(s). This option is normally for local government participants, community colleges, LEA's, and some select agencies.

C. Participant currently has Wachovia Connection, and serves as its own administrator. The new settlement account and Returns account should be added to the participant's current Company Name, which is as follows: _____

Note: OSC will not have access to the account(s). This option is normally for local government participants, community colleges, LEA's, and some select agencies.

2. Select one of the following online reporting options:

\$20.00 per month – Previous Day Reporting - Includes previous day(s) transaction reports, interim statements, and ACH origination reports

\$40.00 per month - Previous day and Current Day Reporting – Includes reports indicated above, Electronic Advice reports for current day, and ACH Returns Report for current and previous days.

Wachovia Connection Administrator Users Setup

The option selected above regarding who will serve as the administrator (Participant or OSC) determines who should be listed below as administrators.

1. Option **A** above: OSC will serve as administrator (Wachovia Connection ID: NCSTTREA)

2. Option **B** above. Select and complete if Participant will serve as its own administrator
The following participant employees will serve as Administrators for the new accounts.

Name (Last Name, First Name)	Mailing and Email Address	Phone #	Fax #

3. Option **C** above. Administrators are already setup
Current Administrators will be able to assign new accounts to users as desired.

Wachovia Connection Participant Users Setup

This section should be completed only if OSC will be serving as the Administrator, setting up users for the participant, and performing administrative functions, such as password resetting, etc. Once setup by the OSC Administrator, OSC will provide each with their User ID and initial password. If changes are needed in the future, contact OSC for instructions on how to add/delete users. These users are to be setup by the OSC Administrator under Wachovia Connection ID: NCSTTREA.

Name (Last Name, First Name)	Mailing and E-Mail Address	Phone #	Fax #

Wachovia Connection Information:

Information on Wachovia Connection can be found at: <http://www.wachovia.com/wachoviaconnection>

For OSC Use Only:

OSC will use this section to notify each user above of their assigned User ID and initial temporary password.

Name (Last Name, First Name)	User ID	Temporary Password

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 any account openings (if applicable); as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: _____

Chief Fiscal Officer’s Name: _____

Title: _____

Signature: _____

Date: _____

For OSC Use Only

For DST Use Only

For Wachovia Use Only