STATE OF NORTH CAROLINA
STATE TREASURER'S ELECTRONIC PAYMENTS SYSTEM (STEPS)
STEPS-IN EFT AUTHORIZATION FORM

State Agency Name: North Carolina State University

Program Name: Extension Payroll (Send-in Program) Batch Name: NCSUEXT

Check One: _____Initial Sign-up _____Change

PARTICIPATING ENTITY INFORMATION

ID#: _____(Assigned by State Agency)

Entity Name: _____

Entity Address: _____

_____

FINANCIAL INSTITUTION ACCT. INFO:

Institution Name: _____

Institution Address: _____

Transit/Routing #: ___ ___ ___ ___ ___ ___ ___ ___ ___ (Nine Digits)

Bank or NCCMT Acct. #_____ (Include any leading zeros)

Type of Acct. _____ Checking _____ Savings _____ NCCMT (Check One)

OLD FINANCIAL INSTITUTION ACCT. INFO.: (Complete Only if a Change)

Institution Name: _____

Transit/Routing #: ___ ___ ___ ___ ___ ___ ___ ___ ___ Acct. #: _____

PARTICIPATING ENTITY AUTHORIZATION:

I, on behalf of the participating entity indicated above, hereby authorize the North Carolina State Treasurer, his successors and his agents, at the direction of the State agency indicated above, to:

(a) redeem shares of the above designated NCCMT account and to instruct the NCCMT, its transfer agent, or any of their agents to send the proceeds of such redemptions to any account designated by the State Treasurer; and/or

(b) initiate ACH debit entries against the above designated bank account,

for moneys due the State agency for the referenced program name, pursuant to the "Established Operational Procedures for State Treasurer's Electronic Payments System," which may be in effect from time to time. This authorization is to remain in full effect until the State Agency and State Treasurer have received written notification from me of its termination.

Finance Officer's Name: _____ Tel: _____

Signature: _____ Date: _____

MAIL COMPLETED FORM TO: N. C Cooperative Extension Service NCSU PO Box 7917 Raleigh, NC 27695	State Agency Use Only:	State Treas. Use