

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

State Agency Name: <u>Credit Union Division</u>	
Program Name: <u>COMCRUN</u>	Batch Name: <u>COMCRUN</u>
Check One: <u> </u> Initial Signup <u> </u> Change	

Participating Credit Union Information:	
Tax FID #: _____	
Credit Union Name: _____	
Physical Address: _____	

Financial Institution Account Information:	
Institution Name: _____	
Physical Address: _____	

Transit/Routing #: _____ (Nine Digits)	Account #: _____
Type of Acct.: <u> </u> Checking <u> </u> Savings (Check One)	

Old Financial Institution Account Information: (Complete Only If A Change)	
Institution Name: _____	
Transit/Routing #: _____ (Nine Digits)	Account #: _____

Participating Credit Union Authorization:	
I, on behalf of the participating credit union indicated above, hereby authorize the North Carolina State Treasurer, his successors and his agents, at the direction of the State agency indicated above, to 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.	
Manager's Name: _____	Tel: (____) _____
Signature: _____	Date: _____

Mail Completed Form To: NC Credit Union Division 4314 Mail Service Center Raleigh, NC 27699-4314	State Agency Use Only:	State Treas. Use Only:
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