

State Aid Section

TO: Superintendent & Treasurer

Date: _____ County/District #: ____ - _____ District Name: _____

Please complete the information requested on the attached Electronic Fund Transfer Authorization (EFTA) form(s). Each district is required to submit *proof of account and routing numbers* by attaching a voided check (no deposit slips please). If the precoded numbers at the bottom of the check do not match the information you have recorded on your form, please attach a substitute bank document (bank letterhead with the signature of an authorized bank official) showing both of these numbers. Questions may be directed to the following staff of the State Aid Section at (405) 521-3460: Evelyn Oakes or Kelly Thompson (General Fund)

_____ GENERAL FUND (*fund 11*)
_____ COOP FUND (*fund 12*)

- (1) **Each line** must be completed.
- (2) **Signatures are required** by superintendent and treasurer (new treasurer if applicable).
- (3) Attach a **voided check** for each form (check required/preferred by State Treasurer's Office)
OR substitute a bank document with bank routing and account number.
- (4) Return attached EFTA form(s) **within 5 days** to the State Aid Section.

EFTA forms must be submitted because of:

_____ Change in District Treasurer; SDE notification on school letterhead is also necessary.
[additional instruction sheet enclosed]

_____ Bank Routing Number and/or Account Number (*Governmental Bank Acct. Number*) Change

_____ State Treasurer's Office received routing or account number changes directly from your bank.
State Treasurer Records Show: Routing # _____ Account # _____
New numbers do not match SDE records or voided check on file.

_____ EFTA forms were sent by district request from: Name:

_____ Other:

YOUR IMMEDIATE RESPONSE IS REQUESTED. THANK YOU.