



School Profile for EFT

Projected Testing Start Date: _____

Target Production Date: _____

Section I: Profile Information

New Profile

Modification to existing profile

School Department of Education ID (9 Characters) _____

School Non-ED Branch ID (4 Characters) _____

School Short Name (25 Characters) _____

School Long Name (50 Characters) _____

FAO EFT Contact Name _____

FAO EFT Contact Telephone Number () _____

FAO EFT Contact E-mail Address _____

EFT Bank Account Contact Name _____

EFT Bank Account Contact Telephone Number () _____

EFT Bank Account Contact E-mail Address _____

EFT Reports Contact Name _____

EFT Reports Contact Telephone Number () _____

EFT Reports Contact E-mail Address _____

FAX Number (omit dashes) () _____

Funding Flow 3-day Next day

Effective Date _____

Section II: Reporting

Report Access Method AdvanTG Web™ Enhanced EFT Reporting Both

CommonLine Disbursement Roster *Yes No

*Circle either AdvanTG™ or POP 3. Provide dedicated e-mail address if selecting the POP3 transmission option: _____

Advance Debit Notification File Yes No

Advance Debit Notification Report Yes No

Sort By SSN Alphabetical

Payment Detail File - by SSN Yes No

Payment Detail Report Yes No

Sort By SSN Alphabetical

EFT Restriction Code Yes No
(rejects roster records on loans not originated by the school)

Note: If you would like additional reports/files sent to another address, please contact your TG representative.

Section III: Loan Participation Types

TG-FFELP Disbursements

Bank Account Type Stafford Subsidized Stafford Unsubsidized PLUS

Bank Short Name – Disbursements (25 characters) _____ DSB - Disbursements RET - Return All

Bank Long Name – Disbursements (50 characters) _____

Bank Account Number for Disbursements (omit dashes) _____

Bank Federal Reserve Routing Code for Disbursements _____

Bank Short Name – Returns (25 characters) _____

Bank Long Name – Returns (50 characters) _____

Bank Account Number for Returns (omit dashes) _____

Bank Federal Reserve Routing Code for Returns _____

Method of Debiting Account Single Lump Sum Individual

CCD Type Indicator (CCD+ for Individual Debiting) CCD CCD+

Non-TG-FFELP Disbursements

Information is the same as for TG-FFELP Disbursements.

Bank Account Type _____

Bank Short Name – Disbursements (25 characters) _____

Bank Long Name – Disbursements (50 characters) _____

Bank Account Number for Disbursements (omit dashes) _____

Bank Federal Reserve Routing Code for Disbursements _____

Bank Short Name – Returns (25 characters) _____

Bank Long Name – Returns (50 characters) _____

Bank Account Number for Returns (omit dashes) _____

Bank Federal Reserve Routing Code for Returns _____

Method of Debiting Account

CCD Type Indicator (CCD+ for Individual Debiting)

DSN - Disbursements REN - Return ALN - All

Single Lump Sum Individual

CCD CCD+

Alternative Loan Disbursements

Information is the same as for TG-FFELP Disbursements.

Information is the same as for Non-TG-FFELP Disbursements.

Bank Account Type _____

Bank Short Name – Disbursements (25 characters) _____

Bank Long Name – Disbursements (50 characters) _____

Bank Account Number for Disbursements (omit dashes) _____

Bank Federal Reserve Routing Code for Disbursements _____

Bank Short Name – Returns (25 characters) _____

Bank Long Name – Returns (50 characters) _____

Bank Account Number for Returns (omit dashes) _____

Bank Federal Reserve Routing Code for Returns _____

Method of Debiting Account

CCD Type Indicator (CCD+ for Individual Debiting)

Require a separate roster for alternative loan disbursements?

DSA - Disbursements REA - Return ALA - All

Single Lump Sum Individual

CCD CCD+

Yes No

Section IV: Disbursement Customization

Instructions: Please select the days you would like to receive your disbursements. You may select any combination of days or you may select *Daily* to receive disbursements every day.

<input type="checkbox"/> Stafford Loan Disbursements	<input type="checkbox"/> Daily	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	_____
<input type="checkbox"/> PLUS Loan Disbursements	<input type="checkbox"/> Daily	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Alternative Loan Disbursements	<input type="checkbox"/> Daily	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	_____

Effective date

Signature

By signing this form I certify that this institution meets the following eligibility requirements to participate in TG's EFT process: Neither this institution nor its ownership is under investigation, involved in litigation related to its administration of student financial aid programs, fraud, misrepresentation, or mishandling of monies or subject of administrative action by (or with) any of its regulators.

Signature (form completed by) _____ Date _____

Printed name _____ Title _____

Please fax signed form to (512) 336-6698