

Los Angeles County Office of Education
Division of School Financial Services
Deposit Information Form
ACH or Wire Transfer

District/Agency Number: _____

District/Agency Name: _____

Date of Request: _____

Anticipated Date of Deposit: _____

Deposit Amount: _____

Deposit Method: _____ ACH or _____ Wire Transfer
(Mark "X")

Source of Fund: _____
(e.g. U.S. Dept. of Education)

Deposit Description: _____
(e.g. PELL, SEOG, etc.)

Income Account String
for Journal Entry: _____

Payment Request Control No.: _____

Contact Person

Print Name and Title

Signature

Date

Please email the completed form to the attention of:

Los Angeles County Office of Education
Division of School Financial Services
Revenue & Apportionment Unit
Email: SFSRevenue@lacoed.edu