

**State of Arkansas
Division of Legislative Audit
Electronic Funds Transfer Approval Request**

County <input style="width: 90%;" type="text"/>	Office <input style="width: 90%;" type="text"/>
Name <input style="width: 90%;" type="text"/>	Title <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	
City <input style="width: 90%;" type="text"/>	State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 15%;" type="text"/>
E-mail address <input style="width: 80%;" type="text"/>	Phone <input style="width: 15%;" type="text"/>

You must answer ALL questions below. Place an X in the appropriate box for each question.

Please select the type of electronic funds processing you propose (multiple requests may be needed for multiple types):

- Payroll Direct Deposit (ACH) periodic batch file process.
- Accounts payable (ACH) periodic batch file process.
- Online Billpay – Individual payments submitted through your banking website.
- Online Billpay – Individual payments submitted through vendor payment website.
- Bank Draft – Agreed-upon amounts withdrawn from your bank account (by the bank) and remitted to payees on a regular basis.
- Other. Please describe:

It is management's responsibility to ensure internal controls are in place to mitigate the risk of a fraudulent EFT transaction. Answer ALL questions below by placing an X in the appropriate box for each question.

- | | |
|--|---|
| 1) Is the EFT process submitted for approval currently in use? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 2) Is anti-virus, anti-malware, and anti-spyware software installed on every device and updated continuously through a contract with the security software provider? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3) Does the City/County have a computer dedicated solely to EFT transactions and no other function? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4) Is dual authorization enforced by the bank (i.e., requiring at least two employees to submit and approve an EFT)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5) Does the bank provide Out-of-Band Transaction Verification by sending a text message or other secure message to an approver at the City/County? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6) Are security tokens or other multi-factor authentication means required to be used in conjunction with user IDs and passwords to access bank accounts? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 7) Are application and network password controls in force that comply with ADLA IS Best Practices? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8) Are written policies and procedures in place that address physical security, data security, data backup, and disaster recovery? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9) Does management provide for adequate controls, including segregation of duties and account reconciliation? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10) Does the City/County maintain a computer use and security policy with which all employees must comply? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

For a copy of ADLA best practices follow the resources link at <http://arklegaudit.gov/>

I hereby declare that, to the best of my knowledge and belief, the information provided in this request is correct and complete. I understand that all statements in this request are subject to verification.

I understand that approval of our electronic payment process provides no assurances that we are immune to risks inherent in conducting business over the internet and that we remain responsible for internal controls.

Please sign and return to Marti Steel by fax at 501-683-8605 or email at Marti.Steel@Arklegaudit.gov

Signature	Title	Date