



**Authorization Agreement for Direct
Deposit**

(ACH Credits) - Vendors

Vendor
Name _____
(please print)

E-mail Address _____ Telephone _____
(please print)

I hereby authorize the St. Lucie County District School Board to initiate credit entries to the account indicated below:
_____ Checking Account _____ Savings Account

Bank Name _____

Bank Address _____

City _____ State _____ Zip _____

ROUTING NUMBER: _____
(9 digit bank number)

PLEASE ATTACH A CANCELLED CHECK FROM YOUR ACCOUNT TO THIS FORM.

ACCOUNT NUMBER: _____

By signing below, you acknowledge that:

1. This authorization will remain in effect until the School Board has received written notification from you of its termination.
2. In the event that erroneous funds are deposited into your account, you authorize the School Board to debit your account for an amount not to exceed that of the original credit.
3. It is your responsibility to notify the School Board of any change in your banking information in writing, and to allow at least 2 account payable cycles to process a change in your banking information.

Authorized Representative _____ SSN/EIN _____
(please print)

Signature _____ Date _____

Return this form to: St. Lucie County Public Schools, Attn: Accounts Payable, 9461 Brandywine Lane, Port St. Lucie, FL 34986
Or email to: accounts.payable@stlucieschools.org

Internal Use Only	Information Verification	Vendor Code _____
Person Contacted _____	Phone Number Called _____	
Verified by AP Staff _____	Date _____	