

Vendor Code: _____
(Office use only)



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:

Please check one:

___ 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 accounts 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 School Board, Attn: Accounts Payable, 501 NW University Blvd. Port St. Lucie, FL 34986.