



Vendor Code: _____
(Office use only)

Authorization Agreement for
Electronic Payment
(E-Payable Credit Card) - Vendors

Vendor Name _____
(please print)

E-mail Address _____

Telephone # _____

I hereby authorize the St. Lucie County District School Board to initiate Electronic Payments via Credit Card (E-Payables):

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. You agree to use the assigned credit card only to accept payments as authorized by St. Lucie County School Board.

Authorized Representative _____
(Please Print)

SSNEIN _____
(please print)

Signature _____

Date _____

Return this form to:

St. Lucie County School Board, Attn: Accounts Payable, 9461 Brandywine Lane, Port St Lucie, FL 34986
or accounts.payable@stlucieschools.org

Federal Law requires that all parties entering into business transactions that may lead to payments from the School District must provide their Taxpayer Identification (TIN) to facilitate tax compliance and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code. The TIN for individuals and sole proprietors is their Social Security Number (SSN). It is mandatory to furnish the information requested.

FIN0047