

## ACH PAYMENT AUTHORIZATION FORM

VENDOR NUMBER: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

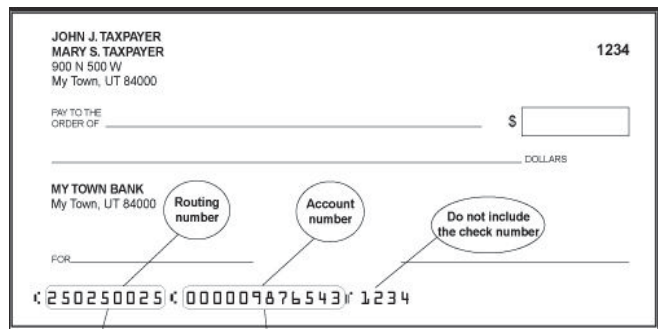
(for payment notification) \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

SELECT ONE:       CHECKING       SAVINGS

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_



AUTHORIZED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**IMPORTANT:** If you make a change to the financial information provided, you must notify the district immediately to avoid mis-routed funds.

### FOR OFFICE USE ONLY:

Vendor employee confirming ACH request:	_____
Vendor phone number used to verify ACH request:	_____
Date:	_____
DMPS Employee completing verification:	_____