



Vendor ACH/Direct Deposit Authorization Form

Check One: NEW Direct Deposit CHANGE Direct Deposit CANCEL Direct Deposit

VENDOR/ PAYEE INFORMATION	
NAME:	
ADDRESS:	
CONTACT PERSON'S NAME (if other than payee):	TELEPHONE NUMBER: ()
E-MAIL ADDRESS: (Required for notification of payments)	FAX NUMBER: ()

FINANCIAL INSTITUTION INFORMATION	
BANK NAME:	
BANK ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NAME ON BANK ACCOUNT:	
BANK ACCOUNT NUMBER:	
NINE-DIGIT ROUTING/TRANSIT NUMBER:	
TYPE OF ACCOUNT:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I certify that the information provided on this form is correct, and I hereby authorize Fort Bend ISD Accounts Payable Department to electronically deposit payments to the bank account designated above. It is my responsibility to notify the FBISD Accounts Payable Department (281)634-1173 immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. Please allow ten (10) business days for processing. I understand that I must notify the FBISD Accounts Payable department in writing immediately of any changes in status or banking information.

NAME OF AUTHORIZED REPRESENTATIVE:	TITLE:
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	DATE:

Please return completed form via one of the following transmissions:

U.S. MAIL: Fort Bend Independent School District
P.O. Box 1004
Sugar Land, TX 77487-1004

FAX: (281) 327-1173

E-Mail: AccountsPayable.Invoices@fortbendisd.com

FOR FBISD USE ONLY:					
Entered	_____	Date	_____	Verified	_____
	Initials		Initials		Initials