KLEIN ISD
PROMISE2PURPOSE
www.kleinisd.net

DIRECT DEPOSIT AUTHORIZATION FOR ACCOUNTS PAYABLE PAYMENTS

Submitting instructions:

1. Bring the completed form and a voided check to the Klein ISD Central Office, Accounts Payable, Room 200.
2. Voided check is required for verification of name, routing number and account number.
3. For protection against identity theft, forms submitted via inter-office mail, email or fax will not be processed.

VENDOR INFORMATION

☐ Add New Account ☐ Change Existing Account ☐ Cancel Account

Vendor Name: _____

Tax ID #: _____

Address: _____
Street

_____
City State Zip

Email: _____
(Direct deposit notifications will be sent to your email address listed above.)

BANKING INFORMATION

Bank/Depository Name: _____

Bank ACH Routing Number: _____ Bank Account Number:_____

☐ Checking ☐ Savings

*Please attach a voided check or letter from your bank to this form for verification. The name on the account must match the vendor name.

Klein ISD is not responsible for overdraft charges that might result from an inactivated account. I hereby authorize Klein Independent School District hereinafter to initiate credit entries and, if errors occur, authorize correcting entries to my account indicated above.

_____ _____
Signature Date

FOR ACCOUNTING USE ONLY RECEIVED STAMP

Vendor #: _____

Transaction Code: _____ Bank Code:_____

Entered By: _____ Date Entered: _____