



VENDOR ACH/EFT AUTHORIZATION FORM

Select one:	<input type="checkbox"/> enroll NEW ACH/EFT	<input type="checkbox"/> UPDATE existing ACH/EFT (please complete <u>both</u> financial information sections)
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Fort Bend ISD offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by email. **We require you to submit a copy of a voided check, bank statement or bank authorization on bank letterhead for account verification.**

VENDOR/ PAYEE INFORMATION		* denotes a required field
* EIN or SSN #:		
* Name:		
* Address:		
* Contact Person's Name:	* Phone Number:	
* Email address: (required for notification of payments)	Fax Number:	

Complete the following section to add **NEW** financial institution information

NEW Financial Institution Information		* denotes a required field
* Bank Name:		
* Bank Address:		
* ACH Coordinator Name:	* Phone Number:	
* Name on Bank Account:		
* Bank Account Number:		
* Nine-Digit Routing/Transit Number:		
* Account Type (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Complete the following section to provide **PRIOR** financial institution information

PRIOR Financial Institution Information		* denotes a required field
* Bank Name:		
* Bank Address:		
* ACH Coordinator Name:	* Phone Number:	
* Name on Bank Account:		
* Bank Account Number:		
* Nine-Digit Routing/Transit Number:		
* Account Type (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

All boxes must be reviewed and checked

This authorization will remain in effect until either party has provided at least 10 day written notification of its termination.

☐ I have attached a copy of a current voided check, current bank statement, or bank authorization letter on bank letterhead.

☐ 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 email the completed form to VendorRequest@fortbendisd.com; subject line: ACH/EFT FORM

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