SPRING BRANCH INDEPENDENT SCHOOL DISTRICT

EFT AUTHORIZATION FORM

Please complete EFT form if Electronic Payment is preferred.

****** EFT OPT-OUT: If EFT payment method is not preferred, please check box below:***

☐ ***Vendor authorizes payment by check.***

VENDOR/CONTRACT/CONSULTANT INFORMATION:

BUSINESS NAME/ CONTRACTOR/ CONSULTANT: _____

FID/EIN/SOCIAL SECURITY #: _____

REMIT TO ADDRESS: _____

_____

CONTACT NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

FINANCIAL INSTITUTION:

NAME: _____ BRANCH: _____

ADRRESS: _____

_____

ROUTING NUMBER:														
ACCOUNT NUMBER:														

☐ **CHECKING ACCOUNT**	☐ **SAVINGS ACCOUNT**

By signing below, I hereby authorize Spring Branch Independent School District to deposit by electronic transfer payments owed to me by the school district and, if necessary, to make debit entries and adjustments for any amounts deposited electronically in error. The school district shall deposit the payments or make adjustments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

_____ _____

Authorized Signature Date

_____ ATHLETIC OFFICIAL

Printed Name Title

*** Please return form to: SPRING BRANCH ISD ATHLETICS DEPARTMENT- Attn: Jackie Wesley

EMAIL: jacquelyn.wesley@springbranchisd.com

FAX: 713-251-1209