SPRING BRANCH INDEPENDENT SCHOOL DISTRICT PAYMENT AUTHORIZATION FORM

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

Vendor authorizes payment by check. Fill out Vendor Information and SIGN BELOW.

VENDOR/CONTRACT/CONSULTANT INFORMATION: (must fill out) BUSINESS NAME/ CONTRACTOR/ CONSULTANT: FID/EIN/SOCIAL SECURITY #: **REMIT TO ADDRESS: CONTACT NAME:** PHONE NUMBER: _____ **EMAIL ADDRESS:** FINANCIAL INSTITUTION: (Electronic Fund Transfer Only) **BRANCH:** ADRRESS: **ROUTING NUMBER: ACCOUNT NUMBER: SAVINGS CHECKING ACCOUNT ACCOUNT** *** By signing below, I acknowledge all the information above and correct and I hereby authorize Spring Branch Independent School District to deposit by electronic transfer payments or payment by check, 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.

Date

Title

*** Please return form to: SPRING BRANCH ISD ATHLETIC DEPARTMENT

Authorized Signature

Printed Name

EMAIL: jacquelyn.wesley@springbranchisd.com

FAX: 713-251-9051