

**CHANGE DIRECT DEPOSIT
ACCOUNTS PAYABLE AUTHORIZATION
AGREEMENT**

Name: _____

Address: _____

Federal Tax ID Number: _____

I, _____ authorize the Ascension Parish School Board to change my ACH information as reflected below:

Former Account Number: _____

New Account Information:

Account Type: **Checking** _____ *OR* **Savings** _____

Bank Institution Name

Bank Routing Number

Bank Account Number

Bank Account Name

Bank Account Physical Address

City/State/Zip Code

This authorization is to remain in full force and effect until the Ascension Parish School Board has received written notification from me of its termination in such manner as to afford the Ascension Parish School Board and the Bank a reasonable opportunity to act on it.

Contact Person's Name (PRINT)

Phone Number

Email (PRINT)

Remittance Address

Please attach a voided check **or** a letter from your bank for verification of the account. Be advised that APSB will do a pre-note on this account. Once completed, email this form along with account verification to nicole.landry@apsb.org. You may also mail it to Nicole Landry, Business Services Department, 1100 Webster Street, Donaldsonville, LA 70346. If you have any questions, please feel free to call Nicole at (225) 391-7082.