**St. Mary's County Public Schools**
**Leonardtown, Maryland 20650**

AUTHORIZATION AGREEMENT
FOR ELECTRONIC FUNDS DEPOSIT

Note: After the receipt of the electronic funds deposit form by the Accounting Office, there may be a short delay in processing in order to validate your banking data. During this time, you will receive a regular hardcopy check. A VOIDED OR CANCELLED CHECK MUST BE ATTACHED (do not use deposit slips).

**(Please Print or Type):**

**NAME & ADDRESS:**

**BANKING INFORMATION- PLEASE fill in information OR staple voided check below**

**Bank Name**:
**Bank Address:**
**Bank Routing Number:**
**Account Type:** ☐ checking ☐ savings
**Bank Account Number:**

**ACH/EFT Remittance Email Address:**

In the event that St. Mary's County Public Schools notifies the Vendor's Bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the St. Mary's County Public Schools as soon as possible.

**Signature of Authorized Representative** _____ **Date**: _____

**PLEASE SUBMIT THIS FORM TO:**
**St. Mary's County Public Schools**
**Att: ACCOUNTING DEPARTMENT**
**23160 Moakley Street Suite 107**
**Leonardtown, MD 20650-0641**

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STAPLE VOIDED CHECK HERE
(or provide complete banking information above)

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*For Accounting Use Only:*

*Bank Code:* _____

*Pre-Note Date:* _____

*Entered by:* _____

*Vendor #:* _____

*Date:* _____