



Electronic Payment Authorization Form

Business Services
7273 Wing Lake Road
Bloomfield Hills, MI 48301

Vendor # (for office use only)

Account Information

Name: _____

Street Address: _____

City, State, Zip _____

Phone: _____

Email Address: _____

(to receive confirmation on deposit date)

Banking Information

Bank Name: _____

Checking _____

or

Savings _____

(Please check only one box)

Bank Routing # _____

Bank Account # _____

A voided check **MUST be attached (hard copy or scanned), or the request will not be honored. In lieu of a voided check a recently dated letter from your bank on their letterhead confirming banking information on this form will be accepted. A bank deposit slip or direct deposit form is not acceptable.**

I hereby authorize Bloomfield Hills Schools to make deposits to the account identified above using the account information listed on this form. This authorization will remain in effect until written notice of termination is given to Bloomfield Hills Schools.

Signature

Date

Send hard copy to address above or email to: purchasing@bloomfield.org.