



Accounts Payable Department
PO Box 800 Lake Charles, LA 70602 E-mail: accounts.payable@cpsb.org

AUTHORIZATION TO INITIATE AUTOMATIC DEPOSIT

Employee or Contractor Name: _____
Mailing Address: _____

E-mail Address: _____
Phone Number: _____
Vendor Number: _____ (If unknown, Accounts Payable will complete)

I hereby authorize the Calcasieu Parish School Board to initiate credit entries for Accounts Payable payments to my account. This authority is to remain in full force and effect until the Accounts Payable Department has received written notification from me of its termination or of a change in banking or account status. If my deposit fails due to a banking change, the Accounts Payable Department will hold payment until notification from employee or contractor with the corrected information.

Banking Information

Name of Financial Institution: _____
Phone Number: _____
Routing Number: _____
Account Number: _____
Account Type (mark one): Checking _____ Savings _____

If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.

I certify all information regarding this authorization is true and correct.

Signature: _____ Date: _____



For CPSB Use Only: Entered by: _____ Date: _____

Verified by: _____ Date: _____

Building Foundations for the Future