

## VENDOR DIRECT DEPOSIT AUTHORIZATION

Vendor Direct Deposits are only available to banks within the U.S. Payments to companies not in the U.S. will be made by check in U.S. dollars.

- Use only BLUE or BLACK ink
- Complete all sections as required
- Alterations must be initialed
- Complete all appropriate box(es)
- Attach a voided check, or banking instructions on your bank's letterhead
- SFISD is unable to send direct deposit payments to your bank without one of these attachments
- SFISD will make every effort to process this request within 45 days of receipt of this completed form/attachments

### TRANSACTION TYPE

<input type="checkbox"/> New Setup	<input type="checkbox"/> Electronic Purchase Orders	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Bank Account Number	<input type="checkbox"/> Change Email Notification
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### PAYEE IDENTIFICATION

Tax identification number or Federal Employer's Identification (FEI) :	Business Phone:
Name:	City:
Street Address:	State, Zip Code:

### AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

<p>I authorize Santa Fe ISD to deposit by electronic transfer any and all payments by SFISD, in the financial institution and account designated below. 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 my payments may be erroneously transferred electronically. I understand that SFISD will reverse any payments made to my account in error.</p> <p>I consent to and agree to be subject to and comply with the National Automated Clearing House Association Rules and Regulations pertaining to Originators and Receivers. I, the undersigned, represent and warrant that I am authorized to execute this document on behalf of the Payee.</p>			
Authorized Signature:	Printed Name and Title:	Date:	Phone:

### FINANCIAL INSTITUTION

Financial institution name:	City:	State:
Routing transit number (always 9 digits):	Customer account number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

### EMAIL NOTIFICATION

Email address used for receipt of remittance information:
Email address used for processing purchase orders:

### REMITTANCE ADDRESSE(S) AS LISTED ON YOUR INVOICE(S) – Attach separate page if necessary or attach sample invoice(s)

Address:	City:	State:	Zip Code:
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**Return the completed, signed form to:  
Santa Fe ISD Finance Department  
PO Box 370 Santa Fe, TX 77510**

**THIS IS A REQUIRED DOCUMENT**