

Dear Charleston County School District Vendor:

In order to realize the benefits of today's automated banking system, CCSD allows payments to our suppliers via electronic funds transfers. Under this method of payment, CCSD will transfer the amount due directly from our bank account to yours via the Automated Clearing House (ACH). You will be notified of deposits to your account via an electronic remittance advice that will be sent to your email address. The remittance advice will contain the information that you require for your accounting ledger including payment amount, deposit date and invoice/account numbers.

#### Financial Services

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**Anita W. Huggins, M.Ed.**  
Superintendent of Schools

**Daniel T. Prentice**  
Chief Financial Officer

**Jessica D. Carraher**  
Executive Director of Financial Services

The ACH method of payment directly benefits you by ensuring faster receipt of funds, reducing possibility of checks being lost in the mail, and reducing the potential for fraudulent check cashing. Simultaneously, ACH payments benefit us by eliminating inefficient paper processing and providing us with more efficient record keeping.

To begin making payments to you via ACH, we must receive your authorization, bank account information, email address and the name and telephone number of a person we can contact should any questions arise. **Please complete the enclosed EFT Form and send it to Accounts Payable at [Accounts Payable@charleston.k12.sc.us](mailto:Accounts Payable@charleston.k12.sc.us) at your earliest convenience so that any future payments will not be delayed by this change in payment term.** After we receive your form, you will begin receiving your payments via ACH within 30 days.

If you have any questions, please contact us at one of the departments below.

Accounting Department  
(843) 566-7260  
[Accounts Payable@charleston.k12.sc.us](mailto:Accounts Payable@charleston.k12.sc.us)

Procurement Department  
(843) 566-8138  
[Procurement@charleston.k12.sc.us](mailto:Procurement@charleston.k12.sc.us)

Completed forms should be emailed to: Accounts\_Payable@charleston.k12.sc.us

### ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

Reason for Submission

New EFT Enrollment

Change to Existing EFT  
Enrollment

Stop EFT Enrollment

Official Use Only

Accounting Technician: \_\_\_\_\_

Number Called: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Confirmed \_\_\_ YES \_\_\_ NO

Payee/Vendor Name

Vendor Number (Internal)

Street Address

City

State

Zip

Contact Name

Contact Phone

Email Address for Remittance Notification

#### PART II: FINANCIAL INSTITUTION INFORMATION

Type of Account

Checking

Savings

Please include a confirmation of account information on bank  
letterhead or a voided check

Financial Institution Name

Financial Institution Address

Routing Number

Account Number

Authorized Official Name (Print)

Authorized Official Signature