



**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:

I hereby certify that I am authorized to make the representations in this paragraph. I authorize St. Mary's County Public Schools (SMCPS) to register the payee for automated clearing house (ACH) using the information contained in this registration form. I agree to receive all vendor payments from SMCPS by electronic funds transfer according to the terms of the ACH program. I agree to return to SMCPS any ACH payments incorrectly disbursed by SMCPS. I agree to hold harmless SMCPS for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

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**

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

For Accounting Use Only:

Bank Code: _____

Pre-Note Date: _____

Entered by: _____

Vendor #: _____

Date: _____