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TO: VENDORS
RE: ACH DESOSITS

Payments can be made by ACH deposit to your financial institution rather than by check. If interested, complete the form below and return it to our business office at the address listed above, ATTN: Accounts Payable. Emailed or faxed copies are also accepted. Notification of ACH payments are made to the email address indicated below. If you wish not to participate, select "Opt-Out," sign, and return so we no longer contact you regarding this program.

ACH DEPOSIT AGREEMENT FORM

New Enrollment Modification Opt-Out

Authorization Agreement

I hereby authorize **TRENTON PUBLIC SCHOOLS** to initiate automatic deposits to my account at the financial institution named below. Adjusting entries to correct errors are also authorized.

Further, I agree not to hold **TRENTON PUBLIC SCHOOLS** responsible for any delay or loss of funds due to the incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **TRENTON PUBLIC SCHOOLS** receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH deposit agreement form to **TRENTON PUBLIC SCHOOLS**.

Vendor Information

Company/Name: _____

Address: _____

Tax ID:

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Contact Name: _____ **Contact #:** _____

Name of Financial Institution: _____

Routing #:

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Acct #:

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Account Type: **Checking** **Savings**

Email Address: _____

Authorized Signature: _____ **Date:** _____

For Office Use Only

Vendor #: _____