



Suffern Central School District
Electronic Funds Transfer (EFT)
ACH Direct Payment Authorization Form

Authorization is
New
Change

Payments from Suffern Central School District will be sent electronically via ACH to your bank. To facilitate receipt of electronic payments, please complete the following and attach a voided check:

NAME: _____

SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

TELEPHONE #: (HOME) _____ (CELL) _____

EMAIL ADDRESS FOR DEPOSIT/REMITTANCE NOTIFICATIONS:

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

BANK ADDRESS: _____

BANK ROUTING NUMBER: _____

ACCOUNT TYPE: (Checking/Savings) _____

BANK ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION CERTIFICATION (required ONLY if directing funds into a Savings Account OR if a voided check is not attached to this form): I certify that the account number and type of account is maintained in the name of the vendor named above. As a representative of the named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown.

Authorized Signature _____ Print Name/Title _____ Date _____

EMERGENCY CONTACT INFORMATION

Name of Person to be contacted in an emergency: _____

TELEPHONE #: (HOME) _____ (CELL) _____

EMAIL ADDRESS: _____

Authorization: I have read and understand the ACH Direct Payment Program and hereby authorize payments to be received by electronic funds transfer into the bank that I designated above. I further understand that in the event that an erroneous electronic payment is sent, Suffern Central School District reserves the right to reverse the electronic payment. In the event that a reversal cannot be implemented, Suffern Central School District will utilize any other lawful means to retrieve payments to which the payee was not entitled.

Authorized Signature _____ Print Name _____ Date _____