



Public Schools of the Tarrytowns

ADMINISTRATIVE OFFICES 200 North Broadway, Sleepy Hollow, NY 10591 Ph: (914) 332-4262

Authorization Agreement for ACH/EFT Accounts Payable Vendor Payments

TO: All Vendors

FROM: Assistant Superintendent for Business

SUBJECT: ACH/EFT Payment Authorization Form

Vendor payments are issued via ACH/Direct Deposit. This will be an efficient method of vendor payment and will avoid payment delays, fraud and address errors.

To facilitate receipt of electronic purchase orders and payments, please complete the following and return via email to lleone@tufsd.org

COMPANY NAME: _____

ADDRESS: _____

NAME OF CONTACT PERSON: _____

EMPLOYER IDENTIFICATION NUMBER: _____

EMAIL ADDRESS FOR PURCHASE ORDERS: _____

NAME OF BANK: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

EMAIL ADDRESS FOR DEPOSIT NOTIFICATONS: _____

CUSTOMER CONTACT PHONE#: _____

CUSTOMER CONTACT FAX#: _____

Questions call Lauren Leone 914-332-4262.