



## Accounts Payable Department

PO Box 800 Lake Charles, LA 70602 E-mail: [accounts.payable@cpsb.org](mailto:accounts.payable@cpsb.org)

### AUTHORIZATION FOR CHANGE IN AUTOMATED DEPOSIT

Employee or Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Vendor Number: \_\_\_\_\_ (If unknown, Accounts Payable will complete)

### Old Banking Information

Name of Financial Institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### New Banking Information

Name of Financial Institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (mark one): Checking \_\_\_\_\_ Savings \_\_\_\_\_

**If checking account, please attach a voided check. If no check is available or the account is a savings account, please attach a letter on bank letterhead verifying your banking information.**

**I hereby authorize the Calcasieu Parish School Board to initiate a change to my automated deposit account information. I certify all information regarding this authorization is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

For CPSB Use Only: Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

*Building Foundations for the Future*