LA VEGA INDEPENDENT SCHOOL DISTRICT

400 East Loop 340 | Waco, Texas 76705
254-299-6700 | Fax 254-799-8642 | lavegaisd.org

ACH VENDOR DIRECT DEPOSIT FORM

VENDOR INFORMATION

TIN/EIN or SS#: _____ **Vendor Name:** _____

Remittance Address: _____

Remittance City: _____ **State:** _____ **Zip Code:** _____

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

E-Mail Address: _____

ACH deposit notifications will be sent to this email address.

BANKING INFORMATION

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ **State:** _____ **Zip Code:** _____

Bank Contact Name: _____ **Phone #:** _____

ABA Routing #: _____ **Account #:** _____

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

Account Use: ☐ **Business** ☐ **Personal**

VENDOR'S AUTHORIZATION

Please sign below to confirm that you are authorizing La Vega ISD to deposit payments for your invoices into the account listed above.

Signature _____ **Date** _____

Printed Name _____ **Title** _____ **Phone No.** _____

Return this completed form with a VOIDED check to
heather.miller@lavegaisd.org