

## Brenham Independent School District

Business and Finance Department

711 E. Mansfield St., Brenham, Texas 77833 979-277-3700 Fax 979-277-3711

## VENDOR ACH PAYMENT AUTHORIZATION FORM

1. Please Check One:

NEW ACH CHANGE ACH

2. Vendor/Payee Information
Name:
Address:
TIN/EIN or SSN:
Contact Person's Name:
Telephone Number:
Email Address:

3. Financial Institution Information					
Bank Name:					
Bank Address:					
Name on Bank Account:					
Bank Account Number:					
Routing Number:					
Type of Account: Checking Savings Personal Business					

4.	4. Approvals/Authorizations - I certify that the School District, Business Office to electronically Business Office at business@brenhamk-12.net of deposited to my bank account and the amount of immediately of any changes in status or banking BISD Business Office has received written notify which should take no longer than ten (10) busines	v deposit payments to the bank account designat r (979) 277-3700 immediately if I believe ther the invoice(s) paid. I understand that I must no information. I understand that this authorization fication requesting a change or cancellation and	ted above. It is my responsibility to notify BISD e is a discrepancy between the amount tify the BISD Business Office in writing on will remain in full force and effect until
P	Print Name.	Signature	Date

Please return completed form via email: business@brenhamk-12.net