

School District of Sevastopol
Attn: Accounts Payable
4550 State Highway 57
Sturgeon Bay, WI 54235

Vendor ACH/Direct Deposit Authorization Form
Sevastopol School District Accounts Payable



1. Please Check One:

☐

NEW Direct Deposit

☐

CHANGE Direct Deposit

☐

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address, City, State, ZIP:

Taxpayer ID (Required)

Telephone Number:

Email Address (Required to receive remittance):

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

☐

Checking

☐

Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Sevastopol School District Accounts Payable to electronically deposit payments to the bank account designated above.

I understand that I must notify Sevastopol School District AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Sevastopol School District AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

I authorize Sevastopol School District to reverse any payments made in error that may result of this authorization for payment via ACH.

Print Name: _____

Signature: _____

Date: _____

Important Information

Please print and return completed form via mail to the address listed at top of form.

For Office of Accounts Payable Use Only

AP Reviewed and Approved:

Date: