

CHURCHILL COUNTY SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACCOUNTS PAYABLE DEPOSIT

I hereby authorize Churchill County School District to pay all invoice payments by means of electronic transfer of funds (direct deposit) to the account and financial institution as indicated below.

In the event that my funds are deposited erroneously into my account, I authorize Churchill County School District to debit my account for an amount not to exceed the original amount of the erroneous credit.

Vendor Name

Financial Institution Name

Bank Account Number

Routing Number

Account Type: Checking Savings

A voided check can be attached in lieu of completing the above

Email address to send remittance to

Signature

Title

Date