

Anchorage School District Direct Deposit Authorization for Vendor Payments

This form will start, stop or change direct deposit payments received by you from the Anchorage School District. This form does not apply to employee salary payments.

Instructions

General

Type or print clearly. Complete the form in its entirety - blanks may delay processing. Return the completed form to:

Anchorage School District Accounting Department 5530 E. Northern Lights Blvd. Anchorage, AK 99504 Telephone: (907) 742-4341

Action Requested

- Check start if you don't have electronic payments and wish to.
- Check stop if you wish to stop your electronic payment.
- Check change if you have electronic payments and wish to make a change to your information. You will be paid by warrant (check) until the change has been processed.

Payee Information

Ensure the name and ID number provided here matches the W-9 provided to the Purchasing Department. Your electronic payment will not start if the information provided here does not match our files. Payment remittance information will be sent to the e-mail address provided.

Financial Institution

Ensure the account number and routing numbers are correct. Checking will be the default **Account Type** if neither box is marked. To ensure accuracy, attach a voided check to the bottom of this authorization. If you are uncertain, contact your financial institution.

Authorization

Provide the name and signature of an individual from your business whose name and signature are on the record at your financial institution as authorized to approve banking transactions.

Agreement

I hereby authorize and request the Anchorage School District to initiate credit entries and, if necessary, a debit entry in accordance with the National Automated Clearing House Association (NACHA) rules on reversing a credit entry made in error, to my account at the financial institution named. This authority will continue until withdrawn by:

- Written notification from the Payee;
- written notification from the financial institution; or
- the Anchorage School District.

Action Requested:
Start Stop Change
Payee Information:
Payee Name

Mailing Address
City, State, Zip Code
E-mail Address
Tax ID Number – Is this an EIN or SSN? (Circle one.)
Contact Name/Title
Contact Name/Title
Contact Telephone
Financial Institution:
rmancial institution:
Name of Financial Institution
Financial Institution Telephone Number
Transit Routing Number
Account Type: Checking Savings
Account Number
Authorization/Agreement:
And in the second (mind)
Authorized Name on Account (print)
Authorized Signature on Account-Signature above signifies
acceptance of the terms and conditions noted in the Agreement to the left.
to the feet.
Date: