

EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

411 North 8th Avenue * Edinburg Texas 78541 * (956),289,2300

VENDOR AUTHORIZATION FOR DIRECT DEPOSIT Vendor Name: Contact Person: Address: _____ City: ____ State: ____ Zip: Phone Number: E-mail Address: Taxpayer Identification Section District Employee SSN: Vendor Federal EIN: Financial Institution Information Bank information must be correct and complete. Please list only one bank account. Please Attach a Voided Blank Check reflecting routing and account number. Bank Name: Address: _____ City: ____ State: ____ Zip: ____ Routing Number: Account Number: Account Type (select only one): Checking or Savings For the purpose of direct deposit of finance checks only, I hereby authorize Edinburg Consolidated Independent School District and the depository institution (bank) named above to initiate direct deposit (credit) entries to the depository account listed above. This authorization is to remain in effect until the district has received written notification from me or authorized individual of its termination in such a manner as to afford Edinburg CISD and the bank a reasonable opportunity to act on the termination notice. I agree to indemnify Edinburg CISD from any claims incident to the direct deposit of my finance check, including, without limitation, any claim based on alleged loss as a result of non-posting, of any credit, and any claim which may be made by any person as a result to the rejection of my finance check or because of insufficient funds arising from the failure of my financial institution to post the credit to my account. I certify that I have read, understand and hereby authorize my payment(s) to be electronically deposited with the institution named in the designated account. Date: For ECISD Business Office Use Vendor Number: Date Received: Entered By: Effective Date: Bank Code: Approved By:

Cancellation Date: _____

Cancelled By: