

**Unified School District No 259
Wichita Public Schools
Business/Finance Division**

Vendor ACH Payments

Wichita Public Schools, Business/Finance Division is now offering electronic ACH (Automated Clearing House) payments to our vendors. ACH payment provides an alternative to paper checks, affording you the following advantages:

- Accelerated funds availability
- Certainty of delivery (no more lost or stolen checks)
- Email notification when the payment is processed

The National Automated Clearing House Association (NACHA) regulates the ACH network, a nationwide payment and collection system. Instead of using paper to carry necessary transaction information, the ACH network processes, delivers and settles electronic credits and debits among financial institutions.

How to enroll:

- 1. Complete and sign the attached [Authorization For ACH Deposit of Vendor Payment](#) enrollment form.**
- 2. Include voided check with document.**
- 3. Forward the completed and signed form by mail to the Accounting Department at the address on the enrollment form, or fax your completed form to 316.973.4554.**

If you have questions, please call the District's Accounting Department at 316.973.4628.

See reverse for form

Document revision date: August 3, 2017



Unified School District No 259
Accounting Department
903 S. Edgemoor, Rm. 207
Wichita, Kansas 67218-3337
Phone: 316.973.4628
Fax: 316.973.4554

AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name _____ Tax ID # _____

Address: Street _____

City, State, Zip _____

Contact Name _____

Contact e-mail _____

(For Payment Notification)

Complete this section for new enrollments or for financial institution or account changes.
(Deposits to checking account only)

Select one: New Enrollment Financial Institution
Or Account Change

Bank Name _____

Branch (if applicable) _____

City, State, Zip _____

ABA/Routing # _____
(Include voided check)

Bank Account # _____

I, the undersigned, authorize Unified School District No 259 (Wichita Public Schools) to deposit payments directly to the checking account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until USD 259 receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____

Name (printed) _____ Title _____

Complete this section to cancel the authorization.

I, the undersigned, hereby cancel the authorization for USD 259 to originate ACH electronic deposit entries into my checking account. This cancellation is effective as soon as USD 259 has reasonable time to act upon it.

Signature _____ Date _____

Name (printed) _____ Title _____

Mail the completed form to the address above or fax to 316.973.4554.

For USD 259 use only

Vendor Number _____ Date Received _____ Date Processed _____ Initial _____