

Instructions

- 1. Complete and sign this form.
- 2. Include voided check or bank letter (on bank letterhead).
- 3. Send completed and signed form by email to Accounting@usd259.net (use "EMAIL" button) or send via postal service to the address on this form.

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

316.973.4554 Fax:

AUTHORIZATION FOR ACH DEPOSIT OF SUPPLIER PAYMENT

Supplier Name		Tax ID #	
Address: Street			
City, State, Zip			
Contact Name			
Contact e-mail (For payment remittance notification)			
Complete this section for new enrollments or for financial institution or account changes:			
Select one:	New Enrollment	Financial Institution or Account	nt Change
Bank Name			
Branch (if applicable)	·		
City, State, Zip			
ABA/Routing #			
Bank Account # (Include voided check or bank letter) 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 and/or correcting 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	
Name (printed) Title Email the completed form to Accounting@usd259.net or mail to the address above.			
For USD 259 use only Supplier Number	y Date Received	Date Processed	Initial