CELINA INDEPENDENT SCHOOL DISTRICT

PAYMENT AUTHORIZATION FORM

****** EFT OPT-OUT: If EFT payment method is not preferred, please check box below:***

☐ ***Vendor authorizes payment by PAPER CHECK . Fill out Vendor Information and SIGN BELOW.***

VENDOR/CONTRACT/CONSULTANT INFORMATION: (must fill out)

BUSINESS NAME/ CONTRACTOR/ CONSULTANT: _____

FID/EIN/SOCIAL SECURITY #: _____

REMIT TO ADDRESS: _____

_____

CONTACT NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____
(for POs to be sent to)
EMAIL ADDRESS: _____
(for payment notification)

FINANCIAL INSTITUTION: (Electronic Fund Transfer Only)

NAME: _____ BRANCH: _____

ADDRESS: _____

_____

ROUTING NUMBER:														
ACCOUNT NUMBER:														

☐ **CHECKING ACCOUNT** ☐ **SAVINGS ACCOUNT**

*** By signing below, I acknowledge all the information above and correct and I hereby authorize Celina Independent School District to deposit by *electronic transfer payments or payment by check*, owed to me by the school district and, if necessary, to make debit entries and adjustments for any amounts deposited electronically in error. The school district shall deposit the payments or make adjustments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

_____ _____

Authorized Signature Date

_____ _____

Printed Name Title

*** Please return form to: kathrynbrooks@celinaisd.com or fax:469-449-1365