

**VENDOR NAME**

I(we) hereby authorize The School Board of Broward County to initiate automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize The School Board of Broward County to make the necessary debit entries/adjustments in the event that a credit entry is made in error.

Further, I agree not to hold The School Board of Broward County responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until The School Board of Broward County receives written notification of cancellation from me or my financial institution and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

ACCOUNT INFORMATION

Bank/Financial Institution Name:	Branch / State:	Routing Number:
Account Number: Checking Savings	Remittance Confirmation Email:	Federal Identification #: Tax ID SS #

FAX & EMAIL ADDRESS

Fax Number:	Email Address:	Phone Number:
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SIGNATURES

Authorized Signature (Primary):	Business Title:	Date Signed:
Authorized Signature (Joint):	Business Title:	Date Signed:

Please attach a VOIDED check to verify bank details and routing number.

This completed form must be submitted via email to ACHRequests@browardschools.com