

Date _____

Please complete this form in its entirety, and return to Dickinson ISD via one of the following methods:

Email: accountspayable@dickinsonisd.org

Fax: 281-229-6011

Mail: Dickinson ISD, Attn: Accounts Payable, PO Drawer Z, Dickinson, TX 77539

Vendor Information

Name _____			
Address _____			
City _____	State _____	Zip _____	
Contact Person _____	Phone _____		
Email Address _____			

Vendor Banking Information

Financial Institution _____												
Address _____												
City _____	State _____	Zip _____										
Bank Routing Number (9-digit)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Account Number _____												
Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking										

- * A new authorization form must be completed if the above-named bank account is closed, or if vendor wishes to designate a new bank account to receive funds. Failure to notify Dickinson ISD of a closed account may cause a delay in receiving payments.
- * An EFT statement will be sent via email to the email address provided above. Please notify DISD of any change in email address.
- * EFT takes approximately thirty days to become effective; until effective, any payments will be issued through routine paper check disbursement methods.

EFT Authorization

I hereby authorize Dickinson Independent School District to deposit payments via Electronic Funds Transfer, and the above-named financial institution to credit payments to the bank account indicated above. This authorization will remain in effect until canceled in writing.

Signature_____
Date_____
Printed Name_____
Title