

Date \_\_\_\_\_

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

Email: [accounts payable@dickinsonisd.org](mailto:accounts payable@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. I also authorize Dickinson Independent School District to initiate, if necessary, debit entries and adjustments for any credit made in error to my account as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title