



# CITRUS COUNTY SCHOOL BOARD

## VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

This form may be used by vendors or individual recipients to receive payments from the Citrus County School Board or to change or cancel existing direct deposit information.

### Transaction Type

<input type="checkbox"/>	New Setup
<input type="checkbox"/>	Change financial information
<input type="checkbox"/>	Cancellation

### Payee Information

SSN or EIN	Vendor Number (if known)
_____	_____
Vendor Name	_____
Vendor Mailing Address	_____
Vendor E-mail Address	_____
	<small>(to receive notification of payment)</small>

### Financial Institution

Financial Institution Name	_____
Name on the Account	_____
Financial Institution Routing number	Vendor Account Number
_____	_____
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

### Authorization

I authorize the Citrus County School Board to deposit payments from the Citrus County School Board to my financial institution electronically. I understand that the Citrus County School Board will reverse any payments made to my account in error.	
_____	_____
Authorized Signature	Date

**\*PLEASE ATTACH VOIDED CHECK, OR SAVINGS DEPOSIT SLIP, TO VERIFY THE CORRECT BANK ROUTING AND ACCOUNT NUMBER WITH YOUR FINANCIAL INSTITUTION. \***

<b>Accounts Payable Department Use</b>		
Bank Code	Date Entered	EID
_____	_____	_____

