



# 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
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### 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 _____