



Where Great Minds Meet

Accounts Payable
Electronic Fund Transfer (EFT) AUTHORIZATION FORM

Date: _____

Vendor Name¹: _____
(HERETO AFTER KNOWN AS PAYEE)

Vendor Address: _____

Action: (Circle One) New Setup or Change Information

Payee Disclosure: The Payee hereby authorizes the Woodford County Board of Education hereafter called COMPANY to deposit payments/reimbursements directly to the account indicated below and to initiate, if necessary any debit entries and adjustments for any direct deposit errors made. The Payee understands that *it is the Payee's responsibility* to check the account on the next business day after receiving the payment advice to ensure that the account was properly credited. This authority will remain in effect until a new form is filed. The COMPANY *will not* be liable for Payee's bank charges resulting from problems associated with direct deposit such as: error in Payee provided bank information, or lack of Payee notification when a bank account is closed.

Payee Information:

Payee's Employer ID, Social Security No.² or Taxpayer ID

Signature of an Authorized Signor on the Account

Payee's Email Address **(Required-Advice will be e-mailed)**

Printed Name of Above Signature

Depository (Bank) Information:

Bank Name

Checking Savings
Account Type (Check one box)

Depository Address

Depository Phone Number

Transit (ABA)/Routing Number (9 digits)³

Account Number

Disclosures

¹**PRIVACY AND NOTIFICATION** The principal purpose for requesting the information on this form is to verify the Payee's identity and set-up an account to receive direct deposits of non-payroll payments. Furnishing the Payee's name, address, and bank account information on this form is mandatory—failure to provide such information will delay or may even prevent the payment for which this form is being filled out. **Information on this form is used by the COMPANY's Accounts Payable Department for non-payroll payments.**

² Pursuant to the Federal Privacy Act of 1974, the Payee is hereby notified that disclosure of the Payee's social security number is voluntary. The social security number is used to verify the Payee's identity. A Taxpayer ID is required if the Payee is not a student or employee of the COMPANY.

³ Please verify the correct Routing Number by calling the Payee's financial institution. The bank Routing Number may be different for electronic deposits than it is for manual deposits (the Routing Number shown on the Payee's deposit slip).

ATTACH a voided check for this account and forward this ORIGINAL form to the Financial Services Department located at: Woodford Co Public Schools, 330 Pisgah Pike, Versailles, KY 40383