Clear Form

ELECTRONIC FUND TRANSFER AUTHORIZATION AGREEMENT

FOR AUTOMATIC DEPOSIT OF MIAMI-DADE COUNTY PUBLIC SCHOOLS (M-DCPS) ACH PAYMENTS

We, the vendor, hereby authorize M-DCPS to initiate credit entries to our account (identified below) in the financial institution named below and authorize the financial institution to credit the same to our account.

This authority is to remain in effect until revoked by the vendor in writing to M-DCPS. Account changes must be reported to M-DCPS thirty (30) days prior to the actual change.

Please complete the following information and return original signed form to M-DCPS:

SECTION 1 (TO BE COMPLETED BY VENDOR)

TYPE OF TRANSACTION ☐ ADD ☐ CHANGE ☐ DELETE

VENDOR NAME: _____

DBA: _____

CONTACT NAME: _____

TELEPHONE NO.: _____

FEDERAL TAX IDENTIFICATION NO: ☐☐☐☐☐☐☐☐☐ VENDOR NUMBER: _____

E-MAIL: (where payment information will be sent) _____

FISCAL OFFICER"S SIGNATURE: _____ DATE: _____

PRINT NAME & TITLE: _____

I authorize M-DCPS to initiate credit entries, and if necessary, reversals or adjustments to correct any entries made to my account as listed above. This agreement is to remain in effect until M-DCPS has received written notification from me of its termination in such time as to afford M-DCPS and my bank a reasonable opportunity to act on it. I understand it is my responsibility to notify the Procurement Department of M-DCPS immediately if I alter my account in any way (change bank, account number or name, or close account). I have contacted my bank and they have verified their routing number, my account number and that they accept electronic funds transfers as confirmed in Section 2 below.

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

DIRECT DEPOSIT TO BE MADE TO: _____

FINANCIAL INSTITUTION'S NAME: _____

ADDRESS: _____

_____

TELEPHONE NUMBER: _____

ACH ABA ROUTING & TRANSIT NUMBER: ☐☐☐☐☐☐☐☐☐

TYPE OF ACCOUNT:

☐ CHECKING

☐ SAVINGS

VENDOR'S BANK ACCOUNT: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

BANK OFFICIAL'S SIGNATURE: _____ DATE: _____

PRINT NAME & TITLE: _____

ALTERNATIVE OPTION: Please submit a copy of a voided check and/or deposit slip along with a memo from the company's fiscal officer.

SECTION 3 (TO BE COMPLETED BY M-DCPS)

DATE RECEIVED: _____ VENDOR DATA BASE UPDATE: _____

VENDOR NUMBER: _____ PROCUREMENT APPROVAL: _____

VERIFIED BY: TREASURY _____ DATE: _____

ACCOUNTS PAYABLE _____ DATE: _____