



Gonzales Independent School District Vendor ACH/Direct Deposit Form

1 Please Check One:

☐

NEW Direct Deposit

☐

CHANGE Direct Deposit

☐

CANCEL Direct Deposit

2 Vendor/Payee Information

Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Authorized Individuals: _____

3 Financial Institution Information

Bank Name: _____

Bank Address: _____

Name on Account: _____

Bank Account Number: _____

9 Digit Routing Number: _____

Type of Account:

☐

Checking

☐

Savings

4

Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Gonzales ISD to electronically deposit payments to the bank account designated above. It is my responsibility to notify Gonzales ISD (accounts.payable@gonzalesisd.net or (830) 672-9551) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify Gonzales ISD in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Gonzales ISD has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

Please return completed form via email: **accounts.payable@gonzalesisd.net**

For Office of Accounts Payable Use Only

Reviewed and Approved: _____

Date: _____

Date Stamp Received:

--