

**Vendor ACH/Direct Deposit Authorization Form**  
**Please attach W-9**

**1. Please Check One:**

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

**2. Vendor/Payee Information**

**Name:**

**Address:**

**Contact Person's Name (if other than payee):**

**Telephone Number:**

**Email Address:**

**3. Financial Institution Information**

**Bank Name:**

**Bank Address:**

**Name on Bank Account:**

**Bank Account Number:**

**Nine-Digit Bank Routing/Transit Number (ABA):**

**Type of Account:**

**Checking**

**Savings**

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize Breakthrough Charter School, Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify Kevin Timms 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 Breakthrough Charter School, AP Dept. in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Breakthrough Charter School, AP Dept. 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: \_\_\_\_\_

**Important Information**

Please return completed form via email: [ktimms@breakthroughcharterschool.org](mailto:ktimms@breakthroughcharterschool.org)

**For Office of Accounts Payable Use Only**

**Date Stamp - Received**

AP Reviewed and Approved:

Date: