



Vendor ACH/Direct Deposit Authorization Form

The School Board of Nassau County Florida

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name: _____ EIN # _____

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(We) hereby authorize the Nassau County School Board, Office of Accounts Payable, to electronically deposit payments to the account indicated above and to correct any errors that may occur from the transactions. It is my (our) responsibility to notify NCSB (accountspayable@nassau.k12.fl.us or 904-491-9860) immediately, if I (we) believe there is a discrepancy between the amount deposited to my (our) bank account and the amount of the invoice(s) paid. I (we) understand that I (we) must notify NCSB AP in writing, immediately, of any changes in status or banking information. I (we) understand that this authorization will remain in full force and effect until NCSB AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it. I (we) certify that the information provided on this form is correct.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please return completed form via email: accountspayable@nassau.k12.fl.us

For Office of Accounts Payable Use Only

Date Stamp - Received

AP Reviewed and Approved: _____

Date: _____