



Vendor Direct Deposit Payment Form

Note: For changes to existing bank arrangements, you will be contacted via the telephone number or physical mailing address on file to verify the change. Changes will not take effect until they are successfully verified with the contact person on file.

ACH Information

Vendor Name: _____

Bank: _____ Account Type (checking, savings) _____

Account Number: _____ Routing Number: _____

Bank Contact Name: _____ Bank Contact Number: _____

Bank Address (street, city, state, zip) _____

ACH Authorization

I hereby authorize and request Bellingham School District (BSD) to initiate credit entries for the payee with regard to these entries. Pursuant to the NACHA rules, BSD may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, BSD will notify this office of the error and the reason for the reversal. This authority will continue until such time that BSD has had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

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