



VENDOR EFT/ACH

Please select one of the below changes:

	NEW EFT/ACH		CANCEL EFT/ACH		UPDATE EFT/ACH
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Company/Vendor Name: _____

I (we) hereby authorize Midway ISD to initiate EFT/ACH entries to my checking/savings account at the Financial Institution below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until Midway ISD is notified by me (us) in writing to cancel it in such time as to afford Midway ISD and the Financial Institution a reasonable opportunity to act on it.

Bank Name:	
Bank Address:	Phone #:
Account Administrator:	
EFT/ACH - ABA ROUTING # (9 digits only):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACCOUNT #:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
REQUIRED	
Email Address for Notification of payment:	

INFORMATION BELOW IS REQUIRED

Authorized Vendor Signature:	
Authorized Vendor Signature (Print):	
Phone Number:	Ext:
Date:	Vendor Email:

Please return form to: accountspayable@midwayisd.org
 Fax: 254.522.7903 Attention: Accounts Payable