

JEFFERSON CITY PUBLIC SCHOOLS

For questions please call the Accounts Payable Department at 573-659-3022 (or 3023)

ACH/EFT Authorization Form For Receiving Payment by Electronic Funds Transfer (EFT)

1a. TYPE OF ACTION a. <input type="checkbox"/> NEW	1b. Reason for cancellation or change:	4. EMAIL ADDRESS
b. <input type="checkbox"/> CHANGE		5. PAYEE NAME AND MAILING ADDRESS
c. <input type="checkbox"/> CANCEL	2. PHONE NUMBER ()	
3. SSN or EIN		

1. ACCOUNT TYPE (1): a. <input type="checkbox"/> SAVINGS b. <input type="checkbox"/> CHECKING		ACCOUNT TYPE (2): c. <input type="checkbox"/> PERSONAL d. <input type="checkbox"/> COMMERCIAL	
2. ABA ROUTING & TRANSIT NUMBER	3. DEPOSITOR ACCOUNT NUMBER	4. ACCOUNT NAME	
5. FINANCIAL INSTITUTION NAME		6. FINANCIAL INSTITUTION TELEPHONE NUMBER	
7. FINANCIAL INSTITUTION ADDRESS			
(Number and Street)		(City)	(State) (Zip)
8. Attach a Voided Check to this form before submitting to Jefferson City Public Schools.			

Important! Please read and sign before submitting.

CANCELLATION // CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by Jefferson City Public Schools. Payments to you will be deposited into the account designated above until the Accounts Payable Department is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or Account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that Jefferson City Public Schools has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to Jefferson City Public Schools by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. Please do not close your account until after notifying the Jefferson City Public Schools' Accounts Payable Department.

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous ACH/EFT payment occurs creating an overpayment, Jefferson City Public Schools will notify you and will utilize any lawful means to recover payments to which the account holder is not entitled including, but not limited to, a reverse ACH/EFT transaction.

By signing this form, the account holder(s) acknowledge their acceptance of these terms and conditions.

CERTIFICATIONS:

I/We authorize the Jefferson City Public Schools to deposit payments to my/our account as designated above.

I/We certify that I/we have read and understand the information contained in Section C above.

I/We certify that the information contained in Sections A and B is true and accurate and that I/We are authorized signers for the listed accounts and that I/we are authorized to enter into this agreement on behalf of the account holder.

1a. ACCOUNT HOLDER NAME / TITLE* / SIGNATURE	1b. DATE
*Title required if company account	
2a. JOINT ACCOUNT HOLDER NAME / TITLE* / SIGNATURE	2b. DATE
*Title required if company account	

1. Vendor Number	2. Notes
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