



Marked for Excellence

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

Form must be submitted to Accounts Payable Department DISBURSEMENT CHECK DIRECT DEPOSIT FORM

(A New Form is required to be submitted when bank account changes)

VENDOR INFORMATION (All fields must be completed)

VENDOR NAME: _____ Tax ID/SS #: _____

CONTACT NAME: _____ Phone #: _____

PHYSICAL ADDRESS: _____

EMAIL: _____

BANK INFORMATION

Proper documentation that **must be attached** to this form: **1) a Voided Check** (no temporary checks), **2) Deposit Slip** or **3) Other Bank Documentation** showing the name of account holder, routing number and account number. Other Bank Documentation must be signed by the vendor verifying information is correct. Direct Deposit request **will not be processed without proper Bank Documentation.**

BANK NAME _____

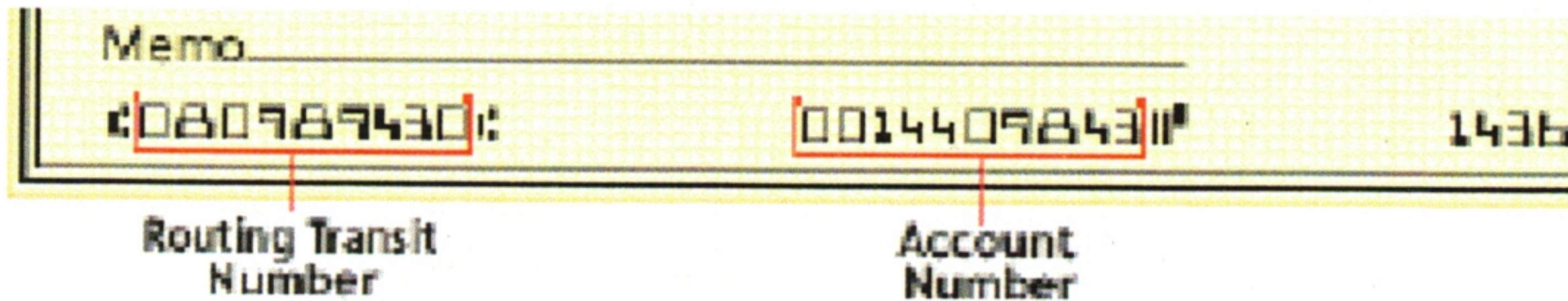
CITY _____ STATE _____ ZIP CODE _____

TYPE OF ACCOUNT (Must check one): CHECKING SAVINGS

ACCOUNT NUMBER _____
(must include **complete account number**-including leading zero's)

ROUTING NUMBER (must be **nine [9]** digit)

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NOTE: The vendor name and name on bank documentation attached must be the same in order to process the Direct Deposit Form.

It is the vendor's responsibility to ensure that all information is correct and to notify Eagle Pass ISD if the account is closed. Failure to notify Eagle Pass ISD of a closed account or providing incorrect information will result in payment until the following disbursement check run, pending a refund from the financial institution. Paychecks are deposited into vendor's bank account (2) two business days prior to the last business day of each month.

Completed Direct Deposit Forms will be processed no later than the start of the following disbursement check run time schedule from which the date in which this Form was received.

Vendor Signature _____ Date _____

FOR BUSINESS AND FINANCE DEPARTMENT USE ONLY

Vendor #: _____

Bank Name: _____ Bank Code: _____

Processed by: _____ Date _____
Accounts Payable Staff Accountant