



UNITED INDEPENDENT SCHOOL DISTRICT
Vendor ACH Authorization Form

Vendor Name (please print Legibly): _____

Vendor# Employee ID#: _____

TIN/Social Security Number: _____

Authorized Signature: _____

Contact Person: _____

E-mail Address: _____ (E-mail is for routing remittance information)

1. AUTHORIZATION FOR ACH DEPOSIT (attach a voided blank check, membership card or bank ACH form)
I hereby authorize the United Independent School District (UISD) Accounting Department to deposit all payments from UISD to my financial institution electronically. I further understand and agree that UISD will reverse any payments made to my account in error. I authorize UISD to take any any necessary action solely for the purpose of accomplishing any error reversal.

Type of Account: [] Checking [] Savings (Choose only One)

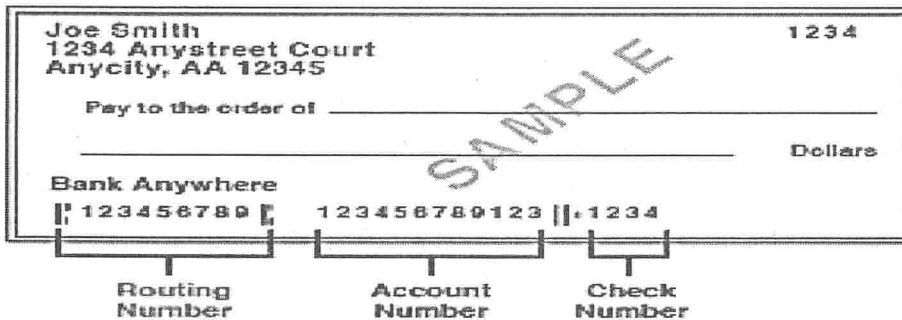
Account Number: _____
ABA Routing Number: _____
Financial Institution Name and Address: _____

2. CANCELLATION OF ACH DEPOSIT
I hereby cancel my prior authorization for direct deposit of my vendor payment.

3. CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT NUMBER OR ABA BANK

Type of Account: [] Checking [] Savings (Choose only One)

New Account Number: _____
New ABA Routing Number: _____
New Financial Institution Name and Address: _____



Mail completed form and voided check to: United Independent School District, Accounts Payable Office, 201 Lindenwood Dr. Laredo, TX 78045, any questions, please email vgonzal@uisd.net or iruiz1@uisd.net.