



## ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT AUTHORIZATION

The Fort Worth ISD is improving our processes, reducing costs, and becoming more efficient. Therefore, we are pleased to inform you that payments to our vendors will be processed via Electronic Funds Transfer (EFT), also called ACH or direct deposit. Payments are deposited directly into a checking or savings account specified by the vendor. EFT benefits include no risk of lost or stolen paper checks, deposits made with 24 to 48 hours and it's free. Please complete the electronic funds transfer authorization and return it to the Purchasing Department for processing. Once your documents are received, we will begin processing your vendor payments electronically.

**Please complete this form and mail, fax, or email to:**

**Attention: FWISD Purchasing Department**

**Attn: Alesa McMillian**

**100 N. University Dr., Ste 140F**

**Fort Worth, TX 76107**

**Phone: 817-814-2205**

**Fax: 817-814-4225**

**Email : [alesa.mcmillian@fwisd.org](mailto:alesa.mcmillian@fwisd.org)**

Vendor Name: \_\_\_\_\_ Taxpayer Identification Number (TIN): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Munis Vendor Number (if known): \_\_\_\_\_  
 Email (for PO's): \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Company Website: \_\_\_\_\_ Email (for EFT Note): \_\_\_\_\_

*Please fill in bank account information below for EFT/Direct Deposit payment:*

New EFT Set-up    Account Type:  Checking     Savings

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_ **(use routing number from a check)**

Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

I hereby authorize Fort Worth Independent School District (FWISD) to initiate credit entries to the account indicated above to credit the same to such account. This authority is to remain in full force until FWISD has received written notification from me of its termination in such time and in such manner as to afford FWISD and the bank named to above a reasonable opportunity to act on it.

**Please verify that the banking information is correct. It will be your responsibility to make the district aware of any bank changes, please call the Purchasing Office at 817-814-2205 to request the EFT Change Form.**

Account Owner Printed Name \_\_\_\_\_

Signature of Account Owner \_\_\_\_\_

Date \_\_\_\_\_

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