



Mansfield Independent School District
Accounts Payable (ACH) Authorization Form
EMAIL COMPLETED FORM TO: lauriewhite@misdmail.org

Vendor Name on Account:
Address:
Check which one applies: <input type="checkbox"/> Individual <input type="checkbox"/> Business
Email:
Bank Name: Address: City, State, Zip
Routing Number (from a check not a deposit slip):
Account Number:
Transaction Code: Check which one applies: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Type: Check which one applies: <input type="checkbox"/> Personal <input type="checkbox"/> Business

I hereby authorize Mansfield Independent School District, hereinafter called MISD, to initiate credit entries to the Checking Savings account (select one) indicated above, and the bank name above, to credit the same to such account. This authority is to remain in full force and effect until MISD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MISD and the bank named above a reasonable opportunity to act on it.

ACCOUNT OWNER PRINTED NAME _____

SIGNATURE OF ACCOUNT OWNER _____

DATE _____

PRINTED NAME (IF JOINT ACCOUNT) _____

SIGNATURE (IF JOINT ACCOUNT) _____

DATE _____