

VENDOR ACH/EFT PAYMENT AUTHORIZATION

Please complete this form and return to:

Purchasing@phsc.edu

10230 Ridge Road New Port Richey, FL 34654

TELEPHONE (727) 816-3377

PAYEE/VENDOR

Payee Name: _____

Address: _____

New ACH Update ACH

Account Type Checking Savings

Direct Deposit Bank Account Information

Contact Information

Name: _____

Phone No: _____

Fax No: _____

E-mail address **(required)** _____

These payment instructions must be authorized by two individuals from the vendor. The terms and conditions for Electronic Funds Transfer payments on the reverse side of this form are accepted by:

Signature #1 _____

Date: _____

Printed Name: _____

Title: _____

YOUR FINANCIAL INSTITUTION

Bank Name: _____

Address: _____

Bank Phone Number: _____

Your Account Number – start at left, leave unused spaces blank

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Transit Routing Number of Your Financial Institution

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These payment instructions must be authorized by two individuals from the vendor. The terms and conditions for Electronic Funds Transfer payments on the reverse side of this form are accepted by:

Signature #2 _____

Date: _____

Printed Name: _____

Title: _____

