

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

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 following this form are accepted by:

Signature #1 _____

Date: _____

Printed Name: _____

Title: _____

YOUR FINANCIAL INSTITUTION

Bank Name: _____

Address: _____

Bank Phone Number: _____

DIRECT DEPOSIT INFORMATION

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 following this form are accepted by:

Signature #2 _____

Date: _____

Printed Name: _____

Title: _____

VENDOR ACH/EFT PAYMENT INSTRUCTIONS

NAME ADDRESS CITY, STATE ZIP 0123
01-2345/6789

DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

BANK NAME ADDRESS CITY, STATE ZIP

FOR _____

Ⓜ Ⓜ 23456789 Ⓜ 234567890123 Ⓜ 23

Bank Routing Number Bank Account Number Check Number

This form is NOT for Pasco-Hernando State College Employees or Students direct deposit sign-up. This payment option is not mandatory and may be withdrawn at any time.

Please complete all information requested in this form. The accuracy of the information provided in the financial institution information section is very important. Please confirm this information with your financial institution’s operations manager.

Note: Payment will be sent direct deposit only if the Payee Name on your Electronic Payment Authorization matches the Payee name on file with the Pasco-Hernando State College Vendor Payment system.

TERMS AND CONDITIONS

The College will NOT initiate a pre-notification to your financial institution prior to making payment based on this authorization; therefore the payee is responsible for verifying the accuracy of the bank account and transit routing numbers provided. It is the payee’s responsibility to notify the Purchasing Office at Pasco-Hernando State College of any changes in the information contained on this form.

A valid email address is required and it is the vendor’s responsibility to ensure the email address is correct and current. Only one email address can receive ACH/EFT payment notices. When a payment is processed, an email notification will be sent to the email address provided.

Pasco-Hernando State College will not send paper notification of payment activity to the vendor.

An authorized representative of the payee must make any changes to the information provided on this form in writing. Changes to account information will cause the original authorization to be inactivated and the new account information will be processed as described above. The authorization will remain in effect until withdrawn in writing with sufficient notice to Pasco-Hernando State College to allow adequate time to effect termination. Pasco-Hernando State College will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. This form authorizes the District Board of Trustees, Pasco-Hernando State College, Florida to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA rules Article II, Sections 2.4 and 2.5 in order to correct a credit entry made in error. This entry is not made without prior notice to the payee and only if the entire amount of the payment is not due to the payee. The reversing entry can be initiated only within five (5) banking days of the deposit effective date.