

AP Vendor Direct Deposit Authorization Form

☐ Setup New Account

☐ Change Existing Account Information

☐ Stop Direct Deposit

Authorization Agreement

I hereby authorize Jefferson County Public Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize Jefferson County Public Schools to make debit entries in the event that a credit entry is made in error. These deposits will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

Further, I agree not to hold Jefferson County Public Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This authority shall remain in full effect until Jefferson County Public Schools receives written notification of cancellation from me, or until I submit a new direct deposit form to the Accounts Payable Department. Any notice of cancellation shall be provided in such time and in such manner as to afford JCPS a reasonable opportunity to act upon the request [typically five (5) working days prior to the effective date of the change].

Account Information

Name of Financial Institution: _____

Routing Number:

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Account Number: _____

Checking

☐

Savings

☐

Signature of Authorized Company Official

Authorized Signature (Primary): _____

Date: _____

Please attach a voided check and return with this form to the Accounts Payable Department.

C.B. Young Service Center • PO Box 35340 • Louisville, KY 40232-5340

Vendor Information

JCPS Munis Vendor Number: _____

Vendor Name: _____

Remittance Address: _____

Vendor Phone Number: (____)____-____

Vendor E-Mail Address: _____

[E-Mail Where Electronic Advice Delivered]