



Jacksonville School District #117

516 Jordan Street
Jacksonville, Illinois 62650
Ofc: 217/243-9411
Fax: 217/243-6844

VENDOR ACH AUTHORIZATION FORM

Vendor Information

Vendor Name		Vendor No.	
Address	City	State	Zip
Accounting/ACH Contact Name	Phone	Fax	
Email Address for Remittance Advice (**required**)			

Above named Vendor hereby authorizes Jacksonville School District #117 to originate Automatic Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/reimbursement of goods and/or services.

Checking **New Setup**

Banking Information

Savings **Change**

Name of Bank Account	
Bank Routing Number*	Bank Account #

*Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid.

Submit copy of a voided check or bank verification with this form.

If you change banks or accounts please provide at least thirty (30) days written notice.

Vendor Authorization:

Authorized Name/Title Authorized Signature Date

Accounts Payable Use:	Date Received:	Date Entered:	Entered by:
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