



POUDRE SCHOOL DISTRICT

Payment ACH Authorization Form

Please print or type legibly

Payee Information			
Name _____			
Street Address _____			
City _____	State _____	Zip _____	
Phone _____	Email Address _____		

Bank Information	
Bank Name _____	
Routing Number _____	Account Number _____
Account Type	<input type="radio"/> Checking <input type="radio"/> Savings
Cancellation: Please check this box to cancel an existing ACH payment authorization. <input type="checkbox"/> Cancel	

Authorization	
I authorize Poudre School District to deposit funds into the above named bank account. I understand it is the payee's responsibility to verify that the funds are in the account prior to making a withdrawal.	
_____	Date _____
Authorized Signature	

The completed Authorization form must be:

- Emailed to: ap@psdschools.org

Please send any questions or requests for more information to ap@psdschools.org