



POUDRE SCHOOL DISTRICT

Vendor ACH Authorization Form

Please print or type legibly.

Vendor Information			
Number _____			
Name _____			
Street Address _____			
City _____	State _____	Zip _____	
Phone _____	Email Address _____		

Bank Information	
Bank Name _____	
Routing Number _____	Account Number _____
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> 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 vendor's responsibility to verify that the funds are in the account prior to making a withdrawal.	
_____	Date _____
Authorized Signature	

The completed Authorization form can be:

- Emailed to ap@psdschools.org
- Faxed to 970.490.3035
- Mailed to: Poudre School District
Attn: Accounts Payable
2407 LaPorte Ave
Fort Collins CO 80521

If you have any questions, or need more information, please contact Sharon Jensen at ap@psdschools.org or 970.490.3654.