



POUDRE SCHOOL DISTRICT

## Payment ACH Authorization Form

Please print or type in the fields below.

Completed by: \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Phone

### Payee Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Bank Information

Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Type      Checking      Savings

Cancellation: Please check this box to cancel existing ACH payment authorization and replace with the information above.

### Authorization

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

\_\_\_\_\_  
Authorized Signature Date

Mail or email completed form to: [finance@psdschools.org](mailto:finance@psdschools.org)

Poudre School District  
Attn: Finance  
2407 LaPorte Avenue  
Fort Collins, CO 80521

Please send any questions or requests for more information to [finance@psdschools.org](mailto:finance@psdschools.org).