



Broward County Public Schools

ACH Payment Agreement Form (ACH CREDITS)

Vendor Name _____

I (we) hereby authorize The School Board of Broward County to initiate automatic deposits (credits) to my account at the financial institution named below. Additionally, I authorize The School Board of Broward County to make the necessary debit entries/adjustments in the event that a credit entry is made in error.

Further, I agree not to hold The School Board of Broward County 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 agreement will remain in effect until The School Board of Broward County receives written notification of cancellation from me or my financial institution and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Information

Name of Bank or Financial Institution: _____

Branch / State _____

Routing No.: _____

Account No.: _____

Checking

Savings

Remittance Confirmation: (please select one) _____

Fax

Email

Vendor Federal Identification No _____

TAX ID#

SS#

Fax & Email Address

Fax Number: _____

Email Address: _____

Phone No. _____

Signature

Authorized Signature

(Primary) and Business title: _____

Date: _____

Authorized Signature

(Joint) and Business title: _____

Date: _____

Please attach a VOIDED check to verify bank details and routing number.

This completed form must be submitted via email, fax or mail to Procurement & Warehousing

Services Email Address: Purchasing Purchasinghelpdesk@browardschools.com;

Fax Number: 754-321-0533

Mailing address: 7720 W. Oakland Park Blvd., Sunrise FL 33351

For use by Procurement Services

Vendor Account# _____ Date Entered _____ Initials: _____