

**VERMILION LOCAL SCHOOL DISTRICT  
VENDOR AUTHORIZATION AGREEMENT FOR ACH PAYMENTS**

I hereby authorize the Vermilion Local School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below for payment of goods/services provided and/or employee reimbursements.

ACCOUNT #1: Financial Institution Name: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS  
Routing Number: \_\_\_\_\_ (Nine digit number at the bottom of your check)  
Account Number: \_\_\_\_\_

**NOTE: A CANCELLED CHECK OR DEPOSIT SLIP MUST ACCOMPANY THIS  
REQUEST FOR VERIFICATION OF ROUTING AND ACCOUNT NUMBERS.**

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The authority is to remain in full force until Vermilion Local Schools has received written notification of its termination in such timely manner as to afford VERMILION LOCAL SCHOOLS and FINANCIAL INSTITUTION a reasonable opportunity to act on it

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR VENDORS ONLY:

EMAIL ADDRESS: \_\_\_\_\_

*Regular employees will receive payment notices at the email address assigned by the Vermilion Local School District*