

Kern County Superintendent of Schools Electronic Funds Transfer (Direct Deposit) Authorization for Vendor Payments

Type of authorization (select one only)

- NEW:** Enter all banking information on this form.
- CHANGE:** Complete this form by entering changes to the financial institution, account number, or type of account; and submit the completed form. **Do not close your old bank account until electronic payments are received in your new account.**
- CANCELLATION (Revocation):** You may cancel (revoke) your prior Authorization by checking this box and completing and submitting this form.

Please return the completed form to the designated School District's Accounts Payable Department.

**Please print or type.
PAYEE INFORMATION**

		The number below is:		<input type="checkbox"/> Individual Taxpayer ID No. (ITIN)
		<input type="checkbox"/> Social Security No. (SSN)	<input type="checkbox"/> Federal Employer ID No. (FEIN)	
1. Payee Name		2. SSN, FEIN or ITIN		
3. Mailing Address (Street or RR#)		4. City, State, ZIP Code		
5. Name and Title of Contact Person		6. E-mail Address		7. Daytime Telephone Number
8. Financial Institution Name		9. Routing Transit Number		
10. Financial Institution Telephone Number		11. Account Holder's Name(s)		
12. Account Number for Deposit of Electronic Funds Transfer		13. Account Type (Select one only)		14. Account Indicator
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Consumer <input type="checkbox"/> Commercial
15. School District Name				

I authorize the Kern County Superintendent of Schools to deposit payments owed to me by the _____ School District, by electronic funds transfer into the designated financial institution and account number. I also authorize KCSOS to make corrections from this account in the event that a deposit from the KCSOS is made in error. Further, I agree not to hold KCSOS responsible for any delay or loss of funds due to incorrect information I have supplied on this authorization form. I understand this authorization remains in effect until cancellation: (a) in writing by the Payee or Payee's Authorized Signatory, OR (b) by KCSOS.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the KCSOS rules about electronic funds transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. California law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

If more than one signature is required to authorize withdrawal of funds, all must sign this form. Attach a page with additional signatures, if necessary.

16. Print or Type Name of Payee or Payee's Authorized Signatory	17. Title of Authorized Signatory
18. Signature of Payee or Payee's Authorized Signatory	19. Date
20. Signature of Secondary Signatory(s)	21. Date