



AACPS Accounting Office

Electronic Funds Transfer (EFT) Request Authorization

Individual Information

Company/Individual Name TIN (EIN or Social Security Number)

Company/Individual Address Street/PO Box City State Zip code

| | | |
|--------------|----------------------|----------------|
| Contact Name | Contact Phone Number | E-mail address |
|--------------|----------------------|----------------|

Requested Services:

| | |
|---|----------------|
| Initiate the disbursement of the standard interval payments to this company by Electronic Funds Transfer (EFT). | Effective Date |
| Change the bank information concerning EFT to this vendor as noted below. | Effective Date |
| Discontinue the use of EFT to this vendor. | Effective Date |

In the event that Anne Arundel County Public schools notifies the bank(s) that funds, to which my company is not entitled, have been deposited to our account(s) inadvertently, the bank is authorized to return said funds to Anne Arundel County Public Schools as soon as possible.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

Bank Information

| | | | |
|--|--|---|-----------|
| Bank Name | | | |
| Bank Address | | City | State Zip |
| Contact Name | | Contact Phone N. (area code + No.) | |
| Bank Routing Number | | Account Number | |
| Type of Account ___ Checking Savings | | Account type: ___ Consumer/Personal Commercial/Business | |

| | | |
|---------------------------|--------------|------|
| AACPS Use Only | Received by: | Date |
| | | |