



POUDRE SCHOOL DISTRICT

Vendor ACH Authorization Form

Please print or type legibly

Vendor 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 an existing ACH payment authorization. <input type="checkbox"/> Cancel	

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

The completed Authorization form can be:

- Emailed to: purchasing@psdschools.org
- Mailed to: Poudre School District
Attn: Purchasing
1502 S. Timberline Road
Fort Collins CO 80524

If you have any questions or need more information, please send an email to purchasing@psdschools.org