

# ACH PAYMENT AUTHORIZATION FORM



Business Services  
501 N. Cass Lake Road  
Waterford, MI 48328  
PH: (248) 682-2053  
FX: (248) 682-0641  
Email: [purchasingservices@wsdmi.org](mailto:purchasingservices@wsdmi.org)

VENDOR #

## ACCOUNT INFORMATION

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

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AUTH. NAME: \_\_\_\_\_

AUTH. EMAIL: \_\_\_\_\_

## BANK INFORMATION

BANK NAME:

CHECKING:  SAVINGS:

BANK ROUTING #

BANK ACCOUNT #

I hereby authorize Waterford School District to make deposits in the account identified above using the account information listed on this form. This authorization will remain in effect until written notice of termination is given to Waterford School District.

\_\_\_\_\_  
AUTH. SIGNATURE

\_\_\_\_\_  
DATE