

Vendor ACH/Direct Deposit Authorization Form
Indiana State Association of Soil & Water Districts Accounts Payable

1. Please Check One:

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NEW Direct Deposit

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CHANGE Direct Deposit

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CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Phone Number:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

☐

Checking

☐

Savings

Approvals/Authorizations: I certify that the information provided on this form is correct, and I hereby authorize the Indiana State Association of Soil & Water Districts to electronically deposit payments to the bank account designated above. It is my responsibility to notify the IASWCD (whitney-mcgrew@iaswcd.org or 812-393-0939) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoices paid. I understand I must notify the IASWCD in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the IASWCD has received written notification requesting a change or cancellation and has had a reasonable opportunity to act on it which should take no longer than 7-10 business days.

Print Name: _____

Signature: _____

Date: _____

Important Information

Please return completed form via email: whitney-mcgrew@iaswcd.org

For Office of Accounts Payable Use Only

AP Reviewed and Approved:

Date:

Date Stamp - Received