ACH Payment Agreement Form – Account Update Request

Vendor Name		
I,information for automatic denosits (cred		Board of Broward County, to update the I institution named below ("New Account
Information"). Additionally, I authorize entries/adjustments in the event that a c Broward County responsible for any delayor by my financial institution or due to an expension of the control of the co	The School Board of Broward redit entry is made in error. Furthe y or loss of funds due to incorrect of error on the part of my financial ins	County to make the necessary debit er, I agree not to hold The School Board of or incomplete information supplied by me titution in depositing funds to my account.
	tution and that the origination of A	d County receives written notification of ACH transactions to my (our) account must
validation parposes, enter carrent de	ORIGINAL ACCOUNT INFORMATI	
BANK/FINANCIAL INSITUTION NAME:	BRANCH/STATE:	ROUTING NUMBER
ACCOUNT NUMBER:	REMITTANCE CONFIRMATION EM	IAIL: FEDERAL IDENTIFICATION #
Checking Savings		Tax ID SS #
Provide the updated account information	·	·
NEW ACCOUNT INFORMATION		
BANK/FINANCIAL INSITUTION NAME:	BRANCH/STATE:	ROUTING NUMBER
ACCOUNT NUMBER:	REMITTANCE CONFIRMATION EM	IAIL: FEDERAL IDENTIFICATION #
Checking Savings		Tax ID SS #
Provide the contact information and auth		
CONTACT NAME	CONTACT TITLE	
CONTACTIVALVIE	CONTACT TITLE	
PHONE	FAX I	EMAIL ADDRESS
AUTHORIZED SIGNATURE (PRIMARY)		DATE
By checking this box, I agree tha	nt I am authorized to make this cha	nge on behalf of this organization
I have attached a voided check	or bank letter to verify bank details	s and routing number

Submit Form To:

- Submit the completed form and required attachments to <u>ACHRequests@browardschools.com</u>
- ALL fields are required. Incomplete forms cannot be accepted or processed.