## JEFFERSON CITY PUBLIC SCHOOLS

For questions please call the Accounts Payable Department at 573-659-3022 (or 3023)

## ACH/EFT Authorization Form For Receiving Payment by Electronic Funds Transfer (EFT)

1a. TYPE OF ACTION	1b.Reason for cancellation of change:	or 4. EMAIL	ADDRESS			
a. NEW				and design the second		MANANTAN M
b. CHANGE		5. PAYE	NAME AND MAILING A	DDRESS		· ****
c. CANCEL	2. PHONE NUMBER	# ####################################				
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3. SSN or EIN			ı			
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ACCOUNT TYPE (1):     ABA ROUTING & TRANSIT NO.		ITOR ACCOUNT		COUNT NAME		
5. FINANCIAL INSTITUTION NAI	ME	6. F	INANCIAL INSTITUTION	TELEPHONE NUM	ABER .	
7. FINANCIAL INSTITUTION ADDRESS						
(Number and Street)		((	ity)		(State)	(Zip)
8. Attach a Voided Check to this form before submitting to Jefferson City Public Schools.						
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