



Vendor ACH Setup

Original Request

Amendment/Change Request

Vendor Information:

Vendor Name _____

Address _____

City _____ State _____ Zip Code _____

Federal ID # or Social Security # _____

1099 Contractor: YES NO

PERA Retiree: YES NO

Payment Notification contact:

Email Address: _____

Financial Institution Information:

Vendor Name as on account _____

Bank Name _____

Bank Phone Number _____

Bank Address _____

Bank Account # _____

Account Type: ___ Checking ___ Savings

ACH Routing # (9 digits)

____ _

(Note: ACH routing # may be different from a deposit slip, please confirm with your bank)

Authorization Signature:

I certify that I am authorized to act on behalf of the Company above, and I authorize Adams 12 Five Star Schools (District) to initiate electronic credit entries for the purpose of payment via Automated Clearing House (ACH) to the account listed above. Payments made electronically will be timed so funds are made available no later than they would otherwise have been made available. I authorize and request the Bank to accept any credit entry initiated by the District without responsibility for the correctness thereof. I understand that I am responsible for the accuracy of the information provided above and any change requests must be received by Accounts Payable two weeks in advance of the effective change date.

Official Name: _____ Title: _____

Signature: _____ Date: _____

Return completed form via one the following forms of transmission:

- Email to: Jeanne.larsen@adams12.org
- Fax to: 720-972-4169
- US Mail to: Adams 12 Five Star Schools
- Accounts Payable
- 1500 E 128th Ave
- Thornton, CO 80241