



## Authorization Form for OASBO to remit ACH Payment to Vendor/ School District

Please provide the following information and return it to [acctg@oasbo-ohio.org](mailto:acctg@oasbo-ohio.org):

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email address to receive notification that the payment from OASBO has been issued:

\_\_\_\_\_

Contact name & phone number: \_\_\_\_\_

**I certify that the information provided on this form is correct. I hereby authorize Ohio Association of School Business Officials (OASBO) to electronically deposit payments to the bank account designated above. It is my responsibility to notify OASBO immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify OASBO in writing immediately of any changes in status or bank information. I understand that this authorization will remain in full force and effect until OASBO has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it.**

Officer printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature and date : \_\_\_\_\_