



SNYDER INDEPENDENT SCHOOL DISTRICT

2901 37th Street

Snyder, Texas 79549

(325) 574-8900 (325) 573-9025 Fax

ACH VENDOR DIRECT DEPOSIT FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: _____

E-Mail Address: _____

(ACH Deposit notifications will be sent to this Email address)

E-Mail Address where we can send orders _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: (____) _____

ABA Routing #: _____ Account #: _____

Account Type: (Please check only one) Checking _____ Savings _____

Vendor's Authorization:

Please sign below to confirm that you are authorizing Snyder ISD to deposit payments for your invoices into the account mentioned above.

Signature _____ Date _____

Printed Name _____ Title _____ Phone No. _____

Please mail or email this completed form **with VOIDED check** to tigerap@snyderisd.net