



# ACH Authorization Form

Complete this form to enroll in the Neenah Joint School District's ACH program (electronic transfers) or to make changes to an existing ACH deposit.

## Section 1 - Authorization Agreement

I hereby authorize the **Neenah Joint School District** to initiate ACH deposits. I understand that this authorization replaces any previous authorization, and will remain in effect until the **Neenah Joint School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH Authorization Form.

Please email the completed form to: [accountspayable@neenah.k12.wi.us](mailto:accountspayable@neenah.k12.wi.us)

## Section 2 - Account Information

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

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

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

Checking  Savings

## Section 3 - (Vendor Information)

Vendor Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email address for notification (required): \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_