

A~~C~~H A~~A~~UTHORIZATION FORM

I (we) hereby authorize **Denver Public Schools** (THE COMPANY) to initiate entries to my (our) checking / savings account at the financial institution listed below (THE FINANCIAL INSTITUTION) and if necessary initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, Zip)

Vendor # _____

(Name as it appears on Bank Account – PLEASE PRINT)

(Address – PLEASE PRINT)

(Email address – PLEASE PRINT)

(Telephone)

(Signature)

(Date)

Financial Institution Routing Number: _____

Checking / Savings Account Number: _____

Please email the signed and completed form to
AccountsPayable@dpsk12.org

PLEASE STAPLE VOIDED CHECK COPY HERE