



Request for Vendor Payment by Direct Deposit (EFT)

A vendor can use this form to have the payment of amounts owing by the Gates Chili Central School District deposited directly into a bank account.

SECTION 1: Request Type

☐ New application ☐ Change direct deposit banking information ☐ Cancel direct deposit

SECTION 2: Vendor/Payee Information

Name: _____ EIN/TIN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Email: _____

Contract Person (if other than payee): _____

SECTION 3: Financial Institution Information

Bank Name: _____

Name on Account: _____ Account type: ☐ Checking ☐ Savings

Account No.: _____ ABA/Routing No.: _____

SECTION 4: Authorization

Authorization requires two (2) authorized signatures to protect your organization.

We certify the information provided on this form is correct and hereby authorize Gates Chili Central School District to electronically deposit payments to the bank account designated above. It is my responsibility to notify Gates Chili Central School District via email at acctspayable@gateschili.org or phone at (585) 247-5050 ext. 12221 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 Gates Chili Central School District in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until Gates Chili Central School District has received written notification requesting a change or cancellation and has had a reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Please return the completed form by email to acctspayable@gateschili.org or by mail to Gates Chili Central School District Purchasing Department, 3 Spartan Way, Rochester, NY 14624. Vendor will receive confirmation of the last four (4) digits of the account in call-back format.

GATES CHILI CENTRAL SCHOOL DISTRICT USE ONLY

Form received : _____ Reviewed and approved by: _____ Date: _____