



Think. Learn. **Grow.**

ACH PAYMENT AUTHORIZATION FORM

VENDOR NUMBER _____

VENDOR NAME _____

VENDOR ADDRESS _____

E-MAIL ADDRESS _____
(for payment notification)

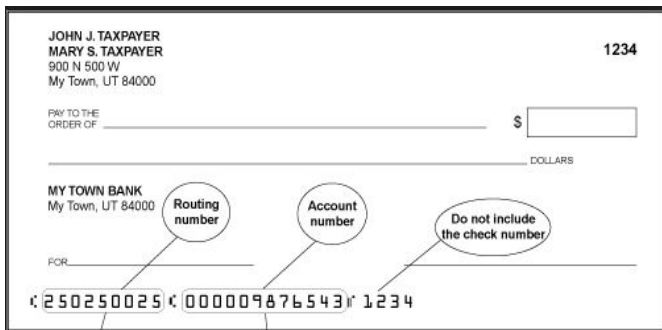
ROUTING NUMBER _____

ACCOUNT NUMBER _____

EFFECTIVE DATE _____

CHECKING _____ SAVINGS _____ (select one)

PLEASE SIGN FOR AUTHORIZATION: _____



IMPORTANT: If you make a change to the financial information provided, you must notify the district immediately to avoid mis-routed funds.

Business and Financial Services

2100 Fleur Drive | Des Moines, Iowa 50321 | P: 515-242-7745 | F: 515-242-8295

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