



SANDRA "SAM" HIMMEL – SUPERINTENDENT OF SCHOOLS

*"Where Learning is the Expectation
And Caring is a Commitment"*

THOMAS KENNEDY
DISTRICT 1

VIRGINIA BRYANT
DISTRICT 2

DOUGLAS A. DODD
DISTRICT 3

SANDRA BALFOUR
DISTRICT 4

LINDA B. POWERS
DISTRICT 5

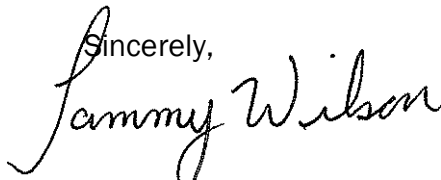
Dear Valued Vendor:

In an effort to reduce paper consumption and the impact on our environment as well as our budget, the Citrus County School Board is now offering direct deposit as a method of payment for goods/services supplied by outside vendors. This will allow you to receive your monies earlier and reduce the chance of lost or misplaced checks or fraud.

If you wish to participate in receiving payments for your goods/services by direct deposit please carefully and clearly fill out the accompanying form and clearly identify the e-mail address, this is how you will receive notice of payment. Please return the completed form along with a preprinted voided check to:

Citrus County School Board Finance Department
Attn: Susan Perry, Purchasing Manager
1007 W. Main St.
Inverness, FL 34450

Once we receive your form, please allow two (2) weeks for payment to begin via direct deposit. If you have any questions, please don't hesitate to contact me at 352-726-1931 extension 2472 or wilsont@citrus.k12.fl.us.

Sincerely,


Tammy Wilson
Director of Finance



CITRUS COUNTY SCHOOL BOARD

VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

This form may be used by vendors or individual recipients to receive payments from the Citrus County School Board or to change or cancel existing direct deposit information.

Transaction Type

<input type="checkbox"/> New Setup <input type="checkbox"/> Change financial information <input type="checkbox"/> Cancellation
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Payee Information

SSN or EIN _____	Vendor Number (if known) _____
Vendor Name _____	
Vendor Mailing Address _____	
Vendor E-mail Address _____ <small>(to receive notification of payment)</small>	

Financial Institution

Financial Institution Name _____	
Name on the Account _____	
Financial Institution Routing number _____	Vendor Account Number _____
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Authorization

I authorize the Citrus County School Board to deposit payments from the Citrus County School Board to my financial institution electronically. I understand that the Citrus County School Board will reverse any payments made to my account in error.	
_____ Authorized Signature	_____ Date

***PLEASE ATTACH VOIDED CHECK, OR SAVINGS DEPOSIT SLIP, TO VERIFY THE CORRECT BANK ROUTING AND ACCOUNT NUMBER WITH YOUR FINANCIAL INSTITUTION. ***

Accounts Payable Department Use		
Bank Code _____	Date Entered _____	EID _____