



ACH Authorization Form
For Receiving Payment By Automatic Clearing House (ACH)
(School Districts & Vendors Only)

Contact Person	Email Address (for payment notification)	Phone Number

Name	Mailing Address (Street City, State, Zip)

Type of Action:	<input type="checkbox"/> New <input type="checkbox"/> Change	Reason for cancellation or change:	
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Important! Please read and sign before submitting.

CANCELLATION / CHANGE OF ACCOUNT
 The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by Northwest Regional Education Service District. Payments to you will be deposited into the account designated below until Northwest Regional Education Service District is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an ACH deposit by the designated Financial Institution, payee acknowledges that Northwest Regional Education Service District has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the Northwest Regional Education Service District by the Financial Institution. Please **DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING** Northwest Regional Education Service District.

I/We certify that I/we have read and understand the information contained above. I/We authorize Northwest Regional Education Service District to deposit payments to our account as designated below.	Name (Print or Type)	Date

PLEASE RETURN TO: Northwest Regional ESD 5825 NE Ray Circle Hillsboro, OR 97124	Authorized Signature

PLEASE TAPE VOIDED CHECK HERE
PHYSICAL VOIDED CHECK OR BANK INFORMATION MUST BE TURNED IN WITH THE FORM OR THE ACCOUNT WILL NOT BE SET UP.

FINANCIAL INSTITUTION INFORMATION **FOR COMMERCIAL/PERSONAL ACCOUNTS PLEASE SUBMIT A VOID CHECK**

Account Type: Checking Savings

ABR Routing & Transit Number	Depositor Account Number	Account Name (for commercial accounts)

Banking Institution Name	Banking Institution Telephone Number

Banking Institution Address	City	State	Zip

Northwest Regional Education Service District maintains the strictest confidentiality regarding your bank account. We will access your account **ONLY** to deposit money or correct erroneous deposits.