

Vendor Direct Deposit Request

Complete this form and forward to the Education Service Center Region XIII Business Office.

Fax # 512-919-5297, Email To: boffice.request@esc13.txed.net
Mail To: ESC XIII Business Office, 5701 Springdale Rd. Austin, Texas 78723

I authorize Education Service Center Region XIII to initiate electronic funds transfer credits to my checking/savings account at the banking institution indicated below. This authorization is for all approved services and expense reimbursements.

I understand this authorization will remain in effect until I request its termination in writing.

Original request _____ Change Request _____ Termination Request _____

Vendor Name _____

Address: (Street or PO Box) _____
(City, State, Zip) _____

Vendor Notify Email Address _____

Work # _____ Home # _____ Cell # _____

Bank Name _____ Phone # _____

Bank Branch _____ Address _____

City _____ State _____ Zip _____

Bank Transit Number _____

Bank Account Number _____

Checking _____ Savings _____ (please check one)

****Please attach a void check for additional verification****

INCOMPLETE FORMS WILL NOT BE PROCESSED

DISCLAIMER:

ESC Region XIII is not responsible for inaccurate, incomplete or out dated vendor and banking information. Funds sent to incorrect bank accounts will be corrected as soon as possible, but may cause a 45 day delay in payments being electronically deposited.

My signature verifies that all Vendor Contact and Banking information is correct and I have read the Disclaimer above.

Vendor Signature

Date

You will be notified by e-mail when your first check has been deposited. This may take up to 30 days from receipt of this form by the Region XIII Business Office.

ESC Region XIII Business Office Use Only:

Accounts Payable _____

Comments _____