

**Tuscola Intermediate School District**

1385 Cleaver Rd, Caro, MI 48723

Ph: 989.673.2144

ACH Vendor Payment Enrollment Form

Payee / Company Information (To be Completed by Payee)	
Name:	Social Security or Taxpayer Number:
Address:	
Email Address (for payment notification):	
Contact Person Name:	Telephone Number:
I certify that I am entitled to the payments identified with this Taxpayer/Social Security Number. In signing this form, I authorize my payment to be sent to the financial institution named below and deposited to the designated account.	
X	X
Signature	Date

The Tuscola ISD must be notified of any bank account changes. Failure to notify the Tuscola ISD of such changes may result in your payment being delayed.

Financial Institution Information (Verify Account Information with Financial Institution)	
Name of Financial Institution:	Telephone Number:
Address of Financial Institution:	
Nine-Digit Routing Transit Number:	
Depositor Account Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

***Return the completed form by email to AP@tuscolaisd.org or fax to the Business Office at 989.673.5366.
Please call Josephine at 989.673.2144 Ext. 30454 with questions.***