ACH Agreement

Xenia Community Schools
Treasurer's Office
819 Colorado Drive
Xenia, OH 45385

Vendor Information

Company Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Bank Name: _____

Bank Address: _____

Bank Acct. Number: _____

Routing Number: _____ *(Always 9 digits)*

ACH Email: _____ *(Email you'd like to be alerted of payment)*

Company Tax ID #: _____

Date: _____

Name: _____

Signature: _____

Phone: _____

Email: _____

☐ I am not an employee, spouse of an employee or Board Member of Xenia Community Schools.

Authorization Agreement

I hereby authorize Xenia Community Schools to initiate automatic deposits to the account at the financial institution(s) named above. I also authorize Xenia Community Schools to make withdrawals from this account in the event that a credit entry is made in error. Furthermore, I agree not to hold Xenia Community Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s), or due to an error on the part of my financial institution in depositing funds to above account.

This agreement will remain in effect until Xenia Community Schools receives a written notice of cancellation from me or my financial institution(s), or I submit a new ACH Agreement.

Please email this completed form to: invoices@xeniaschools.org

SAMPLE