



Vendor Name	
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I, _____, hereby authorize The School Board of Broward County, to update the information for automatic deposits (credits) to my account at the financial institution named below (“New Account Information”). Additionally, I authorize The School Board of Broward County to make the necessary debit entries/adjustments in the event that a credit entry is made in error. Further, I agree not to hold The School Board of Broward County responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until The School Board of Broward County receives written notification of cancellation from me or my financial institution and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NEW ACCOUNT INFORMATION		
BANK/FINANCIAL INSITUTION NAME:	BRANCH/STATE:	ROUTING NUMBER
ACCOUNT NUMBER: Checking Savings	REMITTANCE CONFIRMATION EMAIL:	FEDERAL IDENTIFICATION # Tax ID SS #

Provide the contact information and authorized signatures for the individual(s) requesting this change

AUTHORIZED CONTACT	
CONTACT NAME	CONTACT TITLE
PHONE	EMAIL ADDRESS
AUTHORIZED SIGNATURE (PRIMARY)	DATE
By signing, I agree that I am authorized to make this change on behalf of this organization	
A VOID CHECK OR BANK LETTER CONFIRMING BANKING INFORMATION MUST BE SUBMITTED WITH THIS REQUEST	

Submit Form To:

- Submit the completed form and required attachments to ACHRequests@browardschools.com
- ALL FIELDS ARE REQUIRED. INCOMPLETE FORMS CANNOT BE ACCEPTED