



CONSULTANT/VENDOR AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize Central Indiana Educational Service Center to initiate credit entries to my checking or savings account for the depository institution listed below. I authorize the depository institution to accept and to credit the amount of such entries to my account.

Name: _____

Email Address: _____

SSN OR EIN: _____

Please Enter Bank Information Below:



Deposit payment into the account below:

Bank Name: _____

*ABA # _____ Account # _____

Account type: ☐ Checking ☐ Savings

Sample Check:

Your Name
1234 Oak
Anytown, USA

1001

19-2/1250

20

PAY TO THE
ORDER OF _____ \$ _____

DOLLARS

Bank of America.

ACH R/T 123456789

FOR _____

⑆ 123456789 ⑆ 000123456789 ⑆ 1001

ABA Check Routing Number
123456789

Account Number
000123456789

Check Number
1001

ACH Routing/Transit Number
123456789

This authority will remain in full force and effect until the Central Indiana Educational Service Center has received written notification from me of its termination. The Central Indiana Educational Service Center will process change notices effective on the next, unprocessed pay period.

Signed by: _____ Date: _____

Please obtain the ABA# from your bank; some banks do not use the Number on Checks