Saginaw Intermediate School District

3933 Barnard Rd. Saginaw, MI 48603 www.sisd.cc

SIGNATURE



		LINEW LIUPDATE	
VENDOR INFORM	MATION	VENDOR REGISTRATION FORM	
INDIVIDUAL/ COMPANY/DBA Name			
TELEPHONE		ADDRESS	
FAX			
EMAIL		REMIT TO ADDRESS	
POINT OF CONTACT NAME & TITLE			
CONTACT PHONE 1		WEBSITE	
PO ORDER INFORMATION			
PO MAILING ADDRESS			
PO CONTACT NAME			
PO EMAIL ADDRESS			
PO FAX NUMBER			
BANKING INFORMATION FOR DIRECT DEPOSIT			
BANK/INSTITUTION		BANK ADDRESS	
ROUTING NUMBER		ACH EMAIL	
ACCOUNT NUMBER		PLEASE CHECK ONE	□ ADD □ CHANGE
			REMOVE and MAIL CHECK
ACCOUNT TYPE	Check one: ☐ BUSINESS ☐ PERSONAL	TRANSACTION CODE	Check one: ☐ SAVINGS ☐ CHECKING
CERTIFICATION			
I hereby authorize Saginaw Intermediate School District to send credit entries (and appropriate debit and adjustment entries), electronically to my account indicated. This authorization will be in effect until SISD receives a written termination notice and they have a reasonable opportunity to act on it.			
PRINTED / TYPED NAME		TITLE	

DATE