



Direct Deposit Banking Information

Vendor Name/Name of Payee: _____
Name of Financial Institution: _____
City & State of Financial Institution: _____
Financial Institution Phone Number: _____
Name on Bank Account: _____
Bank Nine Digit Routing Number:* _____
Bank Account Number:* _____
Federal ID Number or Social Sec. Number: _____
Select Account Type: Checking Account Savings Account

*Found on bottom of checks.

REQUIRED - Business Contact for Banking Transactions

Email Address to Receive Deposit Confirmation: _____

Please be sure the email address listed above is appropriate for receiving deposit confirmation

I hereby certify that I am authorized to disclose the banking information. I hereby authorize West Shore ESD to start crediting our account at the financial institution listed above for the purpose of payment for the goods and services provided. I understand that if our account at the financial institution listed above changes or is closed, we must inform West Shore ESD in writing. West Shore ESD is unable to process payments on rejected monies until funds are returned through the banking system.

Printed Name Signature Date Phone

Electronic Purchase Order Request Form

Email address for Receiving Purchase Orders: _____

I hereby certify that I am authorized to provide West Shore ESD with an email address for the delivery of electronic purchase orders for the above named vendor. I understand that if the email address provided is no longer functioning, I will be responsible for notifying West Shore ESD in advance. I will also provide them with a new email address for delivering electronic purchase orders.

Printed Name Signature Date Phone

This form and a W9 should be returned to West Shore ESD Accounts Payable Email ap@wsesd.org