

Livingston Parish Public Schools

Accounts Payable Department
PO Box 1130, 13909 Florida Blvd
Livingston, LA 70754-1130
Phone: 225-686-4336 Fax: 225-686-4279 Email: payables@lpsb.org

VENDOR ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Print or Type

Vendor ID Number: _____

PART I: REASON FOR SUBMISSION

- ☐ New EFT Authorization Change
☐ Account Information Change Email
☐ Notification Address

PART II: VENDOR INFORMATION

Vendor Legal Name (as shown on your tax return)

Business Name (if different from above)

Street Address

City

State

Zip Code

Email Address for EFT Notification

Phone Number

()

Fax Number

()

Tax Identification Number: (designate _____ SSN or _____ EIN)

PART III: FINANCIAL INSTITUTION INFORMATION

Name

City

State

Telephone Number

Contact Person

Routing Transit Number (nine digit)

Depositor Account Number

Type of Account (check one)

_____ Checking Account _____ Savings Account

I authorize Livingston Parish Public Schools to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account indicated above and the Financial Institution named above to credit and/or debit the same such account. I agree that Livingston Parish Public Schools will have no responsibility for personal checks written against my account, and that my account will be administered in accordance with the rules and regulations of the financial institution. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. This authorization will remain in effect until revoked by me in writing to Livingston Parish Public Schools. I understand that it is my responsibility to report any changes in my account status to Livingston Parish Public Schools by resubmitting this form.

PART IV: VENDOR VERIFICATION

Printed Name

Printed Title

Signature

Date (mm/dd/yyyy)