

**Cabarrus County Schools**

**Authorization Agreement for Accounts Payable ACH Payments**

Instructions:

1. Fill in all information including the type of account, name of the financial institution, routing and account numbers.
2. Sign and return the form to: [Accounts.Payable@Cabarrus.k12.nc.us](mailto:Accounts.Payable@Cabarrus.k12.nc.us) , or fax 704-262-6225, or mail to - Cabarrus County Schools, Accounts Payable Department, PO Box 388, Concord, NC 28026-0388.

Important Reminders:

1. All new or changed direct deposit requests will be effective immediately. A live check will NOT be issued.
2. Invoice must be received in an appropriate time to process. Please allow 5 days minimum to process.
3. Failure to notify the Accounts Payable Department in a timely manner of changed or closed accounts may substantially delay the receipt of payments if funds are deposited into closed accounts.

Business Name \_\_\_\_\_

TIN # or Social Security # \_\_\_\_\_ Service or Commodity Provided \_\_\_\_\_

Account Type \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_ Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

Required Email Address for Remittance Advise \_\_\_\_\_

I hereby authorize Cabarrus County Schools to initiate credit entries (deposits) for the direct deposit of Accounts Payable to my checking or savings account(s) as indicated above and to the depository indicated above. I further authorize Cabarrus County Schools to initiate debit entries (reversal/withdrawals) to my checking or savings account(s) indicated above and the depository indicated above to debit the same to such account if necessary to correct previous credit entries. This authority is to remain in full force and effect until Cabarrus County Schools has received notification from me of its termination in such time and in such manner as to afford Cabarrus County Schools a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Date \_\_\_\_\_