



**Chicago Public Schools
Accounts Payable
125 South Clark, 10th Floor
Chicago, Illinois 60603
(773) 553-2760**

Automated Direct Deposit Authorization

CPS Vendor Name: _____
Vendor Address: _____
F.E.I.N or T.I.N. #: _____

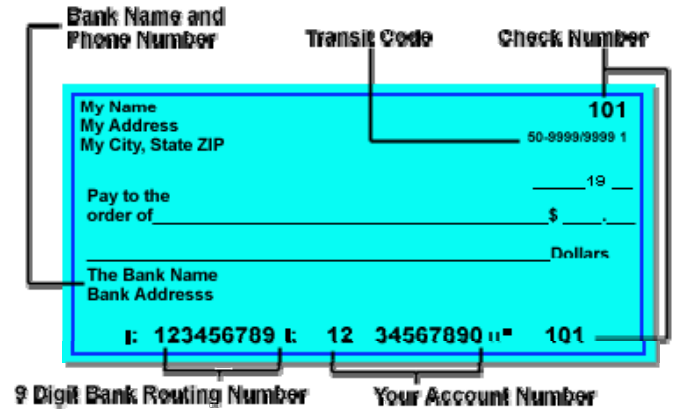
Vendor Number & Payment Site: _____
City, State, Zip: _____

Authorization is (circle): **New** **Change**

Payment Information

Bank Name: _____
Contact at Bank: _____
Bank Phone #: () _____
Account Type: ___ Checking ___ Savings
Bank Routing #: _____
Bank Account #: _____

Please attach a copy of a voided check or deposit slip.



The aforementioned bank and account have been designated as the depository for all funds to be received directly from the Board of Education, City of Chicago. I authorize the Board of Education, City of Chicago to initiate credit entries to my account to deposit to the same account. I further authorize the Board of Education, City of Chicago to initiate debit transactions against the account to recover or remove any funds deposited to the account in error. I agree to notify, in writing, the Accounts Payable Department at the address indicated above, of any changes and allow the Department a minimum of ten business days, after receipt of notice, to implement a change. I agree that this direct deposit service is voluntary and optional service and further agree that I am responsible for and shall indemnify the Board of Education, City of Chicago for any liability or damages caused that relate directly or indirectly to this service. I acknowledge and agree that it is my responsibility to provide correct and timely information. This authority is to remain in full force and effect until the Board of Education, City of Chicago has received written notification from the vendor of its intent to terminate this authorization. You must inform Accounts Payable of all modifications to be made to your bank account (address change, financial institution, branch transit number, account number, etc) in writing. All notifications including this authorization may be submitted by fax to Accounts Payable at (773) 553-2661.

Authorized Signature of Vendor

Printed Name of Authorized Signor of Business

()

Business Phone Number

Date

Title/Position

Work E-mail Address

For CPS Office Use Only:

Date Received _____
Date Notification Mailed to Payment Address _____
Date Changed in Procurement System

I have verified that the FEIN/TIN and the name on the bank account match the CPS vendor record and have attached copies of all notifications.

Signature of CPS Employee _____
Date

Verification of Completion by Supervisor _____
Date