



West Linn-Wilsonville School District 3Jt

ADMINISTRATION BUILDING
22210 SW Stafford Rd – Tualatin, Oregon 97062

Vendor Direct Deposit Authorization Form

↓ Vendor Information ↓

Name of Business:		DBA if Applicable:	
Street Address: (include Suite/Bldg No.)			
City, State, Zip			
FEDERAL TAX ID #:		or	SOCIAL SECURITY #:
Telephone: (include area code)			
Email Address (REQUIRED FOR PAYMENT NOTIFICATION):			

↓ Bank Information ↓

Bank Name:		Name on Account:	
Routing Number:		Account Number:	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Please attach copy of voided check	
<input type="checkbox"/> Please cancel my existing ACH payment authorization			

↓ Authorization ↓

I authorize the West Linn – Wilsonville School District to deposit funds into the above named bank account. I understand it is my responsibility to verify that the funds are in the account prior to making a withdrawal.	
Authorized Signature:	Date

Please return completed form to<

West Linn Wilsonville School District
22210 SW Stafford Rd
Tualatin OR 97062

Email: jquenkpr@wlwv.k12.or.us

Fax: 503-673-7001

Phone: 503-673-7058

All forms are located on the West Linn Wilsonville School District webpage:

Departments | Business Office/Payroll | Vendor Information

<http://www.wlww.k12.or.us/Page/11554>