**REGION 9 EDUCATION COOPERATIVE**

**Direct Deposit Authorization Form**

**CONTRACTOR INFORMATION**

|  |  |
| --- | --- |
| Name (as it appears on the bank account) | SSN/Tax ID |
|  |  |
|  Contact Person (person to be notified of ACH deposit) | Contact Person E-mail (person to be notified of ACH deposit) |
|  |
| Contact Person Phone (person to be notified of ACH deposit) | Work - Cell - Home |
|  |  |
| Mailing Address (PO Box or street address)  |
|  |
| Mailing Address City  | State | Zip |
|  |  |  |

**BANK INFORMATION**

|  |
| --- |
| Bank Name: |
| Bank Branch Location: |
| Bank Transit Routing Number: |
| Bank Account Number: |
| Type of Account:  |

**PAYMENT DISPOSITION INFORMATION**

|  |
| --- |
|  By signing below you authorize Region 9 Education Cooperative to have checks directly deposited into the bank account of your choice. |
| Contractor Signature | Date |

Name:

Title: