

**Type of authorization** (select one only):

- NEW:** Enter all banking information requested below and submit this form. *(Complete lines 1-12 and 16-21)*
- CHANGE:** Complete this form by entering changes to the financial institution, account number, or type of account; and submit the completed form. Do not close your old bank account until electronic payments are received in your new account. *(Complete all lines)*
- CANCELLATION (Revocation):** You may cancel (revoke) your prior Authorization by checking this box and completing and submitting this form. *(Complete lines 1-7, 13-15 and 17-21)*

**Please complete all sections of this Enrollment Form and attach either a voided check OR a letter signed by your bank representative, confirming account name, account number, and ABA routing number for ACH payments. Starter checks or counter checks are NOT acceptable. Online credit cards are NOT eligible for ACH transfer.**

Send completed form and documentation to: Baltimore City Public Schools, ACH Registration, Accounts Payable Division, Room 403, Baltimore, Maryland 21202 or email form to; AP-ACH@BCPS.K12.MD.US. If you have any questions, contact the Accounts Payable Accounting Division at 410-396-8745.

Please type or print legibly. <b>PAYEE INFORMATION</b>	The number below is: <input type="checkbox"/> Social Security No.(SSN) <input type="checkbox"/> Federal Employer No.(FEIN)
1. Payee Name	2. SSN or FEIN
3. Mailing Address	4. City, State, ZIP Code
5. E-mail address	
6. Contact Name and Title	7. Daytime Telephone Number
<b>NEW – Complete 8-12</b>	<b>OLD BANK ACCOUNT INFORMATION – Complete 13-15</b>
8. Financial Institution Name	13. Financial Institution Name
9. ABA/Routing Number	14. ABA/Routing Number
10. Account Number	15. Account Number for Deposit of Electronic Funds Transfer
11. Account Type (Select one only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
12. Financial Institution Telephone Number	

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize the Chief Financial Officer and the Controller to register the payee for automated clearing house (ACH) using the information contained in this registration form. I agree to receive all vendor payments from Baltimore City Schools by electronic funds transfer according to the terms of the ACH program. I agree to return to Baltimore City Schools any ACH payment incorrectly disbursed by the Baltimore City Schools. I agree to hold harmless Baltimore City Schools and its agencies and departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institution listed above.

16. Print or Type Name of Payee or Payee's Authorized Signatory	17. Title of Authorized Signatory
18. Signature of Payee or Payee's Authorized Signatory	19. Date
20. Signature of Secondary Signatory(s) – if applicable	21. Date