



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

**Automated Direct Deposit Authorization**

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

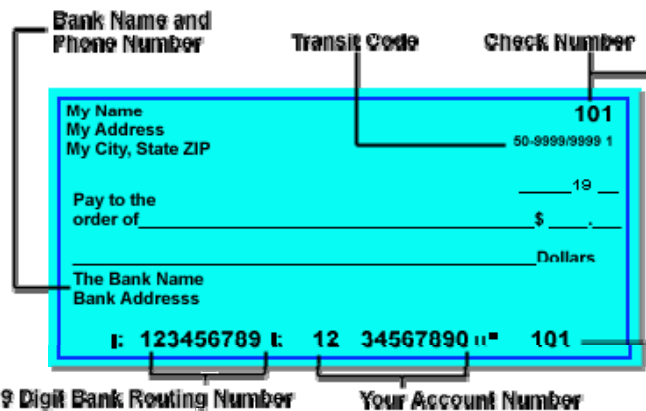
Vendor Number & Payment Site: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Signor of Business

\_\_\_\_\_  
Title/Position

(    ) \_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
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