



Electronic Funds Transfer Authorization Form for Vendor Payments

Milton Academy is now able to pay vendors by Electronic Funds Transfer(EFT).

To enroll, please complete this form and mail to Accounts Payable.

Vendor Information

Vendor Name: _____

Address: _____

Contact: _____

Phone number: _____

Email: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____ (must be 9 digits)

Account Number: _____

Authorization Agreement

I hereby authorize Milton Academy to initiate automatic deposits to the account at the financial institution named above. I also authorize Milton Academy to make withdrawals from this account in the event that a credit entry is made in error.

This authorization will remain in effect until either cancelled in writing or an updated form changing information is sent to Accounts Payable.

Signature

Authorized Signature: _____ Date: _____

Title: _____

Mailing Instructions

Please mail this completed form and a voided check to:

Milton Academy
Accounts Payable
170 Centre Street
Milton, MA 02186