



GARLAND INDEPENDENT SCHOOL DISTRICT
VENDOR DIRECT DEPOSIT AUTHORIZATION

CONFIRMATION (GISD Internal Use Only)

Contact Name: _____
Phone Number: _____
Date: _____ Time: _____
Confirmed by: _____
Approval: _____

VENDOR INFORMATION:

VENDOR NAME: _____

VENDOR #: _____

GISD INTERNAL USE ONLY

AUTHORIZED SIGNATURE: _____

← SIGNATURE REQUIRED

TIN/SOCIAL SECURITY NUMBER: _____

REMITTANCE E-MAIL REQUIRED: _____ **CONTACT PERSON:** _____

☐ **1. AUTHORIZATION FOR DIRECT DEPOSIT** (attach a current bank account verification letter - required)

I hereby authorize the Garland Independent School District Finance Office to deposit all payments from GISD to my financial institution (named below) electronically. I further understand and agree that GISD will reverse any payment made to my account in error. I authorize GISD to take any necessary action solely for the purpose of accomplishing any error reversal.

TYPE OF ACCOUNT (choose only one)

CHECKING ☐

SAVINGS ☐

ABA ROUTING NUMBER

ACCOUNT NUMBER

INSTITUTION NAME

☐ **2. CANCELLATION OF DIRECT DEPOSIT**

I hereby cancel my prior authorization for direct deposit on my vendor payment. I understand that termination of such authorization may take up to 15 District business days from receipt.

☐ **3. CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT NUMBER OR ABA BANK ROUTING NUMBER**
(attach a current bank account verification letter - required)

TYPE OF ACCOUNT (choose only one)

CHECKING ☐

SAVINGS ☐

ABA ROUTING NUMBER

ACCOUNT NUMBER

FINANCIAL INSTITUTION NAME

ADDRESS

CITY

STATE

MEMO _____		
123456789	987654321	1035
Routing Number	Account Number	Check Number

Mail completed form and bank account verification letter to: Garland ISD, P.O. Box 461228, Garland, TX 75046
or E-mail documents to: Finance@garlandisd.net

Prior to updating the vendor profile, the District will require verbal confirmation of the banking information using the contact number listed in the District's iSupplier system.

08/28/2023