

Vendor Payment Authorization

All transactions are transmitted by ACH. Prior to submitting this form, please verify with your vendor's bank that it can accept payment by ACH.

A. Vendor Information

Name of Vendor _____

Vendor E-mail _____

Vendor Fax Number _____

Vendor's Bank Name _____

Vendor's Bank ABA Number (nine digits) _____

Vendor's Bank Account Number _____

B. Government Entity Authorization

Authority is hereby given to the Texas Association of School Boards, as Lone Star Investment Pool Administrator, to transfer money from the Applicant's Government Overnight, Corporate Overnight, or Corporate Overnight Plus Fund account to the vendor listed in Section A, for further credit to the Applicant's Vendor Account Number also listed in Section A.

Participant Name _____ Part No. _____

Two signatures are required to set up a withdrawal to an account at a bank other than your depository bank.

Name of Authorized Representative _____

Signature of Authorized Representative _____

Name of Authorized Representative _____

Signature of Authorized Representative _____