



## Division of Administration and Business Services District Fiscal Services

# Automated Clearing House Payment Request

Initiator: \_\_\_\_\_ Date: \_\_\_\_\_

District:

## **Automated Clearing House Payment information and authorization:**

Board approval authorizing the Automated Clearing House payments is attached.

The board item should include the reason for the Automated Clearing House payment, frequency of the wire transfer, and an amount not to exceed.

**Reason for Automated Clearing House payment:**

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**Total dollar amount: \$**

**Funding Line:** \_\_\_\_\_

**Automated Clearing House payment instructions are attached.**

**Date Automated Clearing House payment should be received by the financial institution:** \_\_\_\_\_  
(Date)

The original invoice that has been reviewed and approved by personnel authorized to approve commercial warrants is attached.

Authorized Signature:

Date:

Printed Name: \_\_\_\_\_

Title: