



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: _____

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: _____