

ELECTRONIC PAYMENT AUTHORIZATION FORM



Vendor #

Finance Department
800 DeVillen
Royal Oak, MI 48073
(248) 435-8400

ACCOUNT INFORMATION

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

BANKING INFORMATION

NAME OF BANK

CHECKING (Please check only one box)
OR
SAVINGS (Please check only one box)

BANK ACCOUNT #

BANK ROUTING #

REMITTANCE
EMAIL
ADDRESS

I hereby authorize Royal Oak Schools to make deposits in the account identified above using the account information listed on this form. This authorization will remain in effect until written notice of termination is given to Royal Oak Schools.