



**Liberty Hill Independent School District  
Accounts Payable (ACH) Authorization Form**

**\*\*PLEASE PRINT LEGIBLY\*\***

Vendor Name on Account:
Address:
Check which one applies: <input type="checkbox"/> Individual <input type="checkbox"/> Business
Email:
Bank Name: Address: City, State, Zip:
Routing Number <i>(from a check not a deposit slip):</i>
Account Number:
Transaction Code: Check which one applies: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Type: Check which one applies: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize Liberty Hill Independent School District, hereinafter called LHISD, to initiate credit entries to the  Checking    Savings (select one) indicated above, and the bank name above, to credit the same to such account. This authority is to remain in full force and effect until LHISD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LHISD and the bank named above a reasonable opportunity to act on it.

ACCOUNT OWNER PRINTED NAME \_\_\_\_\_

SIGNATURE OF ACCOUNT OWNER \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME (IF JOINT ACCOUNT) \_\_\_\_\_

SIGNATURE (IF JOINT ACCOUNT) \_\_\_\_\_

DATE \_\_\_\_\_

Please send completed form to [AP@libertyhill.txed.net](mailto:AP@libertyhill.txed.net) or fax to (512) 260-5587.