



## Electronic Funds Transfer (EFT) Payment Form Bank Authorization

County District Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Program Contact: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_ Program Contact Email: \_\_\_\_\_

**Program(s):**       Auto                               Liability                               Property  
                           Workers' Compensation    Unemployment Compensation

**Transaction Type:**       New EFT Set-up                       Bank Change

**Type of Account:**       Checking                               Savings

**Financial Institution:**

**Bank Name:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Bank Telephone Number:** \_\_\_\_\_ **Bank Fax Number:** \_\_\_\_\_  
**Bank ABA Number (9 digits):** \_\_\_\_\_ **Bank Account Number:** \_\_\_\_\_

Authority is hereby given to the Texas Association of School Boards, Inc. (TASB) to initiate debit entries on the account selected above for any and all payments the Entity authorizes TASB to debit through electronic funds transfer.

The person executing this Agreement on behalf of Entity represents that he or she has the authority to authorize the debiting of the above account on behalf of Entity and that all necessary administrative procedures, policies, and laws prerequisite have been complied with. This authority shall remain in full force and effect until TASB, or its successor, receives written notification of a change.

\_\_\_\_\_  
 Printed Name of Authorized Representative      Date      Phone Number

\_\_\_\_\_  
 Signature of Authorized Representative      Date      Email

**Please return this form by email to [RMFOInBox@tasb.org](mailto:RMFOInBox@tasb.org) or fax to 512-483-7187.**