



# West Linn-Wilsonville School District 3Jt

ADMINISTRATION BUILDING  
22210 SW Stafford Rd – Tualatin, Oregon 97062

## Vendor Direct Deposit Authorization Form



### Vendor Information



Name of Business:	DBA if Applicable:
Street Address: (include Suite/Bldg No.)	
City, State, Zip	
FEDERAL TAX ID #:	or SOCIAL SECURITY #:
Telephone: (include area code)	
Email Address (REQUIRED FOR PAYMENT NOTIFICATION):	



### Bank Information



Bank Name:	Name on Account:
Routing Number:	Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Please attach copy of voided check
<input type="checkbox"/> Please cancel my existing ACH payment authorization	



### Authorization



I authorize the West Linn – Wilsonville School District to deposit funds into the above named bank account. I understand it is my responsibility to verify that the funds are in the account prior to making a withdrawal.	
Authorized Signature:	Date

#### Please return completed form to<

West Linn Wilsonville School District  
22210 SW Stafford Rd  
Tualatin OR 97062

Email: [jquenkpr@wlwv.k12.or.us](mailto:jquenkpr@wlwv.k12.or.us)

Fax: 503-673-7001

Phone: 503-673-7058

All forms are located on the West Linn Wilsonville School District webpage:

Departments | Business Office/Payroll | Vendor Information

<http://www.wlwv.k12.or.us/Page/11554>