



George County Schools

Natasha Henderson
Chief Financial Officer

494 Cowart Street ▪ Lucedale, MS 39452
601-947-6993 ▪ Fax: 601-947-530-0968

Business Office Staff:

Liz McLendon, Business Coordinator
Melissa Robertson, Accounts Payable
Vickie Byrd, Fixed Assets
Kimberly Collins, Payroll/Benefits
Marie Bullock, Accounting Specialist
Amandia Williams, Purchasing Agent

Action Required: Vendor Sign Up for ACH Payments

In an effort to streamline our payment process and ensure faster, more secure transactions, we are moving to ACH (electronic) deposits for vendor payments. We kindly ask that you enroll in ACH payments at your earliest convenience.

Benefits of ACH Payments:

- **Faster payments:** Receive funds directly into your account within a day or two of our Accounts Payable payment date, whereas checks might be delayed due to postal issues and can take several days to clear.
- **Security:** ACH transactions are more secure than paper checks because they do not rely on physical mail, which can be lost or stolen.

Current Vendors: To sign up for ACH payments, please complete and return the attached authorization form by email to Marie Bullock, at marie.bullock@gcsd.us.

NEW VENDORS: We highly encourage you to enroll in ACH payments, however if you choose not to enroll, you must check-mark on the attached authorization form that you are opting out. All new vendors must either sign up or opt-out. This form must be submitted to Vickie Byrd at vickie.byrd@gcsd.us together with the New Vendor Request Form before the vendor can be added to our system.

Should you need assistance or have any questions, feel free to reach out to us. We greatly appreciate your cooperation in helping us improve our payment process.

**AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS
ACCOUNTS PAYABLE VENDORS ONLY**

I (we), hereinafter called COMPANY, hereby authorize the George County School District, hereinafter called PAYOR, to initiate entries to my (our) banking account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. If funds are deposited in error, the PAYOR may debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until PAYOR has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PAYOR and DEPOSITORY a reasonable opportunity to act on it.

Vendor (Company) Name _____

Depository Name (Bank) _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

_____ Checking Account _____ Savings Account

_____ **Please check here if your company chooses to opt out of enrolling for ACH deposits.**

It is the COMPANY'S responsibility to ensure the accuracy of the above information. Payments returned to PAYOR due to inaccuracy of information on the COMPANY'S part will result in delay of payment.

Name and Title (please print) _____

**Email address where electronic
statements should be sent:** _____

Signature _____

Date _____