

**Poway Unified School District**

Payment ACH Authorization Form



Please print or type legibly

Payee Information			
Name _____			
Street Address _____			
City _____	State _____	Zip _____	
Phone _____	Email Address _____		

Bank Information	
Bank Name _____	
Routing Number _____	Account Number _____
Account Type	_____ Checking _____ Savings
Cancellation: Please check this box to cancel an existing ACH payment authorization _____ Cancel	

Authorization
I authorize Poway Unified School District to deposit funds into the above named bank account. I understand it is the payee's responsibility to verify that the funds are in the account prior to making a withdrawal.
_____ Date _____
Authorized Signature

The completed Authorizaton form can be:

Emailed to: [accountspayable@powayusd.com](mailto:accountspayable@powayusd.com)  
Mailed to: Poway Unified School District  
Attn: Finance Department  
15250 Avenue of Science  
San Diego, CA 92128

Please send any questions or requests for more information to: [accountspayable@powayusd.com](mailto:accountspayable@powayusd.com)