



Parkview School District

Direct Deposit (ACH) Vendor Payment Information

Vendor Information

Vendor _____

Address _____

Phone Number _____

Send Remittance email to

Name of Banking Institution

Bank Routing Number _____

Bank Account Number _____

Circle one: Checking account Savings Account

I agree that all invoices and/or expense reimbursements will be paid by direct deposit (ACH) using the above bank account information.

Signature _____

Date _____

Questions: Carolyn Johnson, email cjohnson@email.parkview.k12.wi.us or 608-879-2717