**ACH Payment Acceptance Form**

**To begin accepting electronic payments from *Marion County School District*, please complete and email, or mail this form to the email or mailing address shown below.**

Date:

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remittance Address:

Phone Number:

Fax:

Tax Identification Number:

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

Signature:

\*\*Remittance Email:

**\*\* (An e-mail address is required for the payment notification.)**

Bank Name:

 Bank Routing #

 Bank Account #

Checking Account Yes

Remit To: **Dawn Hardwick**

Email: **dhardwick@marion.k12.sc.us**

 Address: 719 North Main Street

 Marion, SC 29571