

The School Board of Broward County, Florida
Direct Deposit for Mileage and Travel Reimbursement

New Vendor

VENDOR #: _____

Update Existing Information

Employee Address/Phone/Etc.

Important: Enter Employee name exactly as it appears on your Driver's License or Employee Records

Employee Name: _____

Street/House Number: _____

City/Postal Code: _____ State: _____

Telephone: _____ Mobile Telephone: _____

E-mail Address for confirmation: _____

Accounting Information

(This section must be completed)

Personnel Number: _____

******* VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM*****
(VOIDED CHECKS CAN BE SCANNED AND SENT BY EMAIL)**

The undersigned certifies that the information provided is current and complete:

Name: _____ Title: _____

Cancel my Direct Deposit set up, I now want to receive checks

FOR USE BY SBBC DSG ONLY

ACCOUNT TYPE:

ZEMP

VT8- Employee ACH

PAYMENT METHOD: T: ACH

DSG CLERK: _____

COMMENTS: _____

Return completed form to SBBC- Purchasing -Data Strategy Dept. 7720 W. Oakland Park Blvd. Sunrise FL. 33351