



Dear Vendor:

In order to keep our files updated, we are in need of some information. Please complete and return the attached vendor information form along with a copy of your W-9, both signed by an authorized official, to our office at the address, fax number, or email address listed below:

Quitman School District  
ATTN: SONIA STICKER  
104 East Franklin Street  
Quitman, MS 39355  
fax number 601-776-1051  
email [ssticker@qsd12.org](mailto:ssticker@qsd12.org)

Also attached is an ACH/Direct Deposit Authorization Form that we need completed if you would like to receive your payment via Direct Deposit. Please note if this form is not returned we will continue to provide a printed check.

We sincerely appreciate your cooperation in this matter and look forward to receiving your forms quickly

Sincerely,

Sonia Sticker  
AP/FA Bookkeeper



104 East Franklin Street, Quitman, MS 39355  
(601)-776-2186 Fax: 601-776-1051  
Elisa Mayo, Finance Coordinator

VENDOR INFORMATION FORM

Company/Vendor: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person: \_\_\_\_\_

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Printed Name of Authorized Official                      Signature of Authorized Official

If you have any questions, contact Sonia Sticker at [ssticker@qsd12.org](mailto:ssticker@qsd12.org)

Finance Coordinator: Elisa Mayo

PLEASE PROVIDE A COPY OF A W-9

QUITMAN SCHOOL DISTRICT VENDOR ACH/DIRECT DEPOSIT AUTHORIZATION FORM

**PLEASE PRINT OR TYPE**

1. Please check one:

NEW Direct Deposit  CHANGE Direct Deposit  CANCEL Direct Deposit

2. Vendor/Payee Information

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

Address: \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Financial Institution Information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Nine-Digit Bank Routing/Transit Number (ABA): \_\_\_\_\_

Type of Account:  Checking  Savings

4. Approvals/Authorizations – I certify that the information provided on this form is correct, and I hereby authorize Quitman School District (QSD) Office of Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify QSD of any changes in status or banking information. I understand that this authorization will remain in full force and in effect until QSD has received an updated ACH/DD Authorization Form and has had reasonable time to process it, which should take no longer than seven to ten business days.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Please return completed form to [ssticker@gsdk12.org](mailto:ssticker@gsdk12.org)