



Vendor ACH/Direct Deposit Authorization Form

1. Please Check One		
<input type="checkbox"/> NEW Direct Deposit	<input type="checkbox"/> CHANGE Direct Deposit	<input type="checkbox"/> CANCEL Direct Deposit

2. Vendor/Payee Information	
Name:	Taxpayer ID:
Address:	
Contact Person's Name (if other than payee):	
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:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

4. Approvals/Authorizations - I hereby authorize Wabash College to deposit my payments to the account identified above and authorize the Depository Financial Institution to accept these deposits. These authorizations are to become effective as soon as possible and remain in full force until Wabash College has received written cancellation notification from me in such time and in such manner to afford Wabash College a reasonable opportunity to act on it.		
Print Name: _____	Signature: _____	Date: _____

5. Important Information		
Please return completed form:		
<u>MAIL</u> Wabash College Attn: Accounts Payable Business Office 301 W. Wabash Avenue Crawfordsville, IN 47933	<u>EMAIL</u> accountspayable@wabash.edu	<u>FAX</u> (765) 361-6433

For Accounts Payable Use Only	Date Stamp - Received
Date Entered:	