

## Vendor ACH/Direct Deposit Authorization Form

| 1. Please Check One   |  |            |                                 |                              |       |
|---|--|------------|---------------------------------|------------------------------|-------|
|   | NEW Direct Deposit   | CHANGE [   | Direct Deposit                  | CANCEL Direct Dep            | osit  |
| 2. Vendor/Payee Information   |  |            |                                 |                              |       |
| Name:   |  |            |                                 |                              |       |
| 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 Routin  | g/Transit Number (ABA):  |            |                                 |                              |       |
| Type of Account:  | Checking   | Savings    |                                 |                              |       |
| <b>4. Approvals/Authorizations</b> - 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 opportunityto act on it. |  |            |                                 |                              |       |
| Print Name:   |  | Signature: |                                 |                              | Date: |
| 5. Important Informatio   | ı  |            |                                 |                              |       |
| Attn:<br>Busir<br>301 V   | m:<br><u>MAIL</u><br>ash College<br>Accounts Payable<br>ess Office<br>V. Wabash Avenue<br>fordsville, iN 47933 | -          | <u>EMAIL</u><br>able@wabash.edu | <u>FAX</u><br>(765) 361-6433 |       |
| For A   | counts Payable Use Only  |            |                                 | Date Stamp - Receive         | d     |
| Date Entered:   |  |            |                                 |                              |       |