



## VENDOR AUTOMATIC DEPOSIT AUTHORIZATION

Enrollment

Change

Cancellation

Company Name

Tax ID#

Address Line 1

Address Line 2

City

State

Zip Code

Contact Name

E-mail Address for Remittance Advice

Phone Number

**PLEASE CONTACT YOUR BANK FOR THE CORRECT BANK ROUTING NUMBER**

Bank Name

Bank (City)

Bank (State)

Checking OR Savings  
(select one)

Bank Routing Number  
(9 digits)

Bank Account Number

NAME  
ADDRESS  
CITY, STATE ZIP

DATE

PAY TO THE ORDER OF \$

BANK NAME  
ADDRESS  
CITY, STATE ZIP

FOR

0123 01 2345 6789

0123 01 2345 6789 01 2345 6789 01 2345 6789

Bank Routing Number Bank Account Number Check Number

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.

Authorized Signature

Title

RETURN THIS FORM TO:

Wabash College  
Attn: Accounts Payable  
312 W. Wabash Avenue  
Crawfordsville, IN 47933  
[businessoffice@wabash.edu](mailto:businessoffice@wabash.edu)  
Office: 765.361.6417  
Fax: 765.361.6433

Date

Internal Use Only

Vendor #

Date Rec'd

Date Entered