



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)

OR

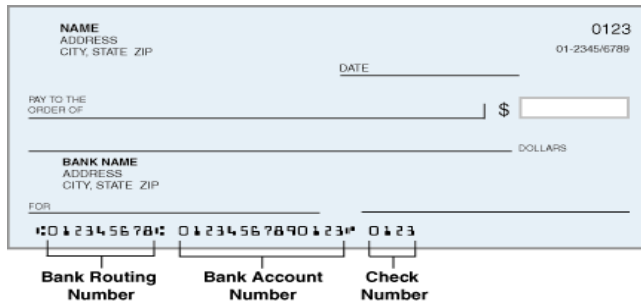
Checking

(select one)

Savings

Bank Routing Number (9 digits)

Bank Account 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

Date

RETURN THIS FORM TO:

Wabash College
Attn: Accounts Payable
312 W. Wabash Avenue
Crawfordsville, IN 47933
accounts payable@wabash.edu
Office: 765.361.6417
Fax: 765.361.6433

Internal Use Only

Vendor #

Date Rec'd

Date Entered