PARENT PLUS DIRECT DEPOSIT AUTHORIZATION FORM

All fields are required unless otherwise noted in the instructions or marked "if applicable." Allow 30 day for processing.

To complete the form electronically, download the form to a secure local folder. You will need Acrobat, Adobe Reader, or Apple Preview.

1. PARENT/GUARDIAN INFORMATION (should match W-9)

Name of Parent/Guardian:	
Preferred Name (if applicable):	
Email Address for ACH Notifications:	
Phone Number:	
Federal Tax ID (Social Security Number)	- -
Address (number, street, and apt. or suite no.)	
City, State, and ZIP	

2. BANK ACCOUNT INFORMATION (ACH/DIRECT DEPOSIT)

IMPORTANT: Please attach a voided check or bank letter to verify account information.

The bank account must be in the name of or jointly owned by the individual in section 1.

Financial Institution Name:	
Bank Routing Number (9 digits):	
Account Number:	
Account Type:	◯ Checking ◯ Savings
Re-enter Account Number:	

WHERE TO FIND YOUR ROUTING AND ACCOUNT NUMBERS:

On a personal check, the routing number is the first 9-digit number on the bottom left. The account number follows the routing number.

|:123456789|: 9876543210 || 1001

Routing # *Account #* *Check #*

3. REQUIRED ATTACHMENTS

Please attach the following documents with this form:

- ❖ IRS Form W-9 (Request for Taxpayer Identification Number)
- ❖ Voided check or bank letter verifying account information

4. CERTIFICATION AND AUTHORIZATION

I hereby authorize the organization identified above to initiate credit entries (and, if necessary, debit entries and adjustments for any credit entries made in error) to my account at the financial institution named above. This authority will remain in effect until I provide written notification to terminate this authorization.

I certify under penalty of perjury that:

- I am the individual vendor or an authorized representative of the business entity listed above
- The banking information provided is accurate and the account is active
- The Tax ID (SSN) provided is correct and matches IRS records
- The information provided is my personal information
- I understand that it may take up to 30 days to process this request
- I will notify the organization immediately of any changes to my banking or tax information
- I understand that the organization is not responsible for delays caused by the financial institution
- I am not subject to backup withholding

I certify that the information provided in this form is true, accurate, and complete.

Printed Name:	Wabash Student's Name: Wabash Student ID#:
Signature	Date: *Digital ID will include the date signed.*
~If completing electronically, please sign with a Digital ID, which will include a date stamp.	

FOR COLLEGE USE ONLY

Vendor ID Number:	
Date Entered:	
Processed By:	

Submit the completed form and required documents via Wabash College's Secure Document Upload site. Refer to your email from your Wabash College contact for the current web address.