



WESTERN UNIVERSITY OF HEALTH SCIENCES
Accounts Payable Direct Deposit Authorization

Please complete this form with your bank name, routing number and account number for all direct deposit payments paid through Western University Accounts Payable Department.

Please provide up to two email addresses to receive our automated electronic remittance advice.

Email 1:

Email 2:

Return the completed form to AccountsPayable@WesternU.edu with a copy of a voided check or a bank document that indicates the name on the account and the account number.

TO: UNIVERSITY FINANCIAL SERVICES & TREASURY (ACCOUNTS PAYABLE):

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the account listed below.

Initial Authorization

Change Authorization

Account No

Financial Institution

Checking

Savings

Routing/ABA No

Add

Change

Delete

Adds & Changes: Net

or Amount

YOUR NAME
678 Main Street
Anywhere, MI 12345

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

1:999888 ??? 1:00123456789 1:123

Routing Number Account Number Check Number

Signature

Date

Print Name of Signatory