

Please save a copy of completed form and include your COMPANY NAME in the file name. Submit form using secure document submission page provided by Wheaton College.

Direct Deposit Authorization Form for Suppliers

I, _____, Title: _____
 authorize Wheaton College to deposit payments due or to become due into the following account with the below named bank. It is my responsibility to notify Accounts Payable of any changes to said bank account in a timely manner.

Action Requested	<i>Check One:</i> <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change of Information <i>(For changes, enter only the items to be changed)</i>
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Bank Information	Company Name:			
	Address:	City:	State:	Zip Code:
	Name of Financial Institution:		Branch Name:	
	Account Name:		Account Number:	
	Bank's ACH Routing Number:			
	<input type="checkbox"/>	Check here if these funds will be further credited/forwarded to an account outside the United States		

Print Name/Title of Authorizing Person:	Phone Number:
Signature of Authorizing Person: <i>(Required)</i>	Date:
Email Address for Notification of Direct Deposit Payment: <i>(Optional)</i>	
Print Name of Contact for Direct Deposit Payment:	Contact Phone Number:

By affixing digital signature, user identifies him/her self as authorized company representative, and verifies accuracy of information contained in form.