

Western Illinois University

Direct Deposit Authorization-Vendor

(not for use by WIU employee or student vendors)

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Check one
____ Direct Deposit for the first time ____ Direct Deposit Change
Name of Payee (last, first, middle initial) FEIN or SSN
Legal Address of Payee City State Zip
Email Address (if no email is provided, remittance information will not be sent.) Daytime Phone Number
Name of contact person if other than payee Name of Financial Institution
Check One:
____ Checking Account ____ Savings Account Exact Name(s) on Account
Transit/Routing Number Depositor Account Number (enter the complete account number, including the preceding and trailing zeroes)
I certify that the information provided on this form is correct. I authorize Western Illinois University to direct payments to the financial institution designated above and to initiate, if necessary, debit entries and adjustments for any credit entries in error. This authorization is applicable to all payments issued to the above-named payee by Western Illinois University under the designated FEIN or SSN.
Signature Date

****Please attach a voided check here****

Please return this form to:

Western Illinois University
Accounts Payable
1 University Circle
Macomb IL 61455
Phone 309-298-1811
Fax 309-298-2811

Entered _____
Initials Date
Verified _____
Initials Date