



## INFORMATION AND AUTHORIZATION REGARDING DIRECT DEPOSIT

### INSTRUCTIONS FOR COMPLETING THIS FORM

1. Provide ALL information requested on this form.
2. Attach a copy of a voided check or an account verification letter from your bank. Deposit slips will NOT be accepted.
3. An email address **must** be provided in order to notify you when a payment has been deposited into your account.
4. A properly executed W-9 is **required** in order to receive payments from the Accounts Payable Office.
5. Any invoice that is processed prior to receiving a direct deposit form will be paid by physical check. Any invoice processed after submission of a direct deposit form will go to the Primary Account listed on the form.

### SAMPLE CHECK:

ROUTING  
NUMBERS WILL  
ALWAYS BE 9  
DIGITS LONG

John or Jane Doe 1111 Somewhere St Someplace, MN 11111	DATE _____	1001
PAY TO THE ORDER OF _____	\$ _____	DOLLARS
:000111000  : 1200034056		

ROUTING NUMBER

ACCOUNT NUMBER

**DEPAUW UNIVERSITY - AUTHORIZATION FOR DIRECT DEPOSIT**

I authorize DePauw University and the listed financial institution to deposit any amounts owed to me to the account below. In the event DePauw University deposits funds in error, I authorize a debit from the account not to exceed the original amount that was in error. This authorization will remain in effect until I provide written notice of any changes or cancellations.

**NAME:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **SSN/TIN:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRIMARY ACCOUNT** [  **NEW**     **CHANGE**     **CANCEL** ]

**CHECKING**

**BANK NAME:** \_\_\_\_\_  
**ACCOUNT #:** \_\_\_\_\_ **ROUTING #:** \_\_\_\_\_

**PLEASE PROVIDE A COPY OF A VOIDED CHECK OR AN ACCOUNT VERIFICATION LETTER FROM YOUR BANK. DEPOSIT SLIPS WILL NOT BE ACCEPTED.**

**FOR OFFICE USE ONLY**  
AP \_\_\_\_\_