



LINDSEY
WILSON
COLLEGE
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COLLEGE**

Accounts Payable Authorization Agreement For Direct Deposit

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Account Change	
<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account	Staple a voided check from your account here Important Note: We cannot take action without a voided check attached. If you wish to have your reimbursement/payment deposited into a savings account, please provide confirmation from your financial institution of the correct routing/transit number and savings account number.	
_____ Name of Financial Institution	_____ : _____ :1 Bank Routing Transit Number	_____ Account Number

Authorization:

I hereby authorize Lindsey Wilson College and the financial institution listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my above listed account.

Printed Name

Signature

Date

Tax ID/SSN/LWC ID

210 Lindsey Wilson Street
Columbia, Kentucky 42728
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www.lindsey.edu

E-mail (for direct deposit notification)