



Accounts Payable Authorization for Direct Deposit

Vendor Use Only

<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	Bank Routing Transit Number	Account Number

Authorization:

I hereby authorize Lindsey Wilson University, 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

EIN

Email (for direct deposit notification)

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