

Western Illinois University

Direct Deposit Authorization-Parent Borrower
(not for student use)

Check one <input type="checkbox"/> Direct Deposit for the first time <input type="checkbox"/> Direct Deposit change											
<u>Name of Payee</u> (last, first, middle initial)	<u>FEIN or SSN</u>										
<u>Legal Address of Payee</u>	<u>City</u> <u>State</u> <u>Zip</u>										
<u>Name of contact person if other than payee</u>	<u>Daytime Phone Number</u>										
<u>Email Address</u> (REQUIRED -remittance information will be sent)	<u>Name of Financial Institution</u>										
Check One: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<u>Exact Name(s) on Account</u>										
<u>Transit/Routing Number</u>	<u>Depositor Account Number</u> (enter the complete account number, including the preceding & trailing zeroes)										
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>											
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.											
<u>Signature</u>	<u>Date</u>										

******Please attach a voided check or deposit slip here******

Please return this form to:

Western Illinois University
Accounts Payable
1 University Circle
Macomb IL 61455
Phone 309.298.1811

Entered	_____	_____
	Initials	Date
Verified	_____	_____
	Initials	Date