



# Direct Deposit Form

New

Change

Select one

Please list change effective date:

I authorize Wabash College to direct deposit my full pay into below listed account as indicated.

Employee Name:		
	Last name	First name

Bank Name:		
Bank's Address:		
	City	State

Bank Routing #	
Bank Account #	
*Checking	
*Savings	

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Signature

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Date

Fill out the form, print it out, sign it, and return the completed form to the Business Office in Center Hall.