



## WESTERN UNIVERSITY OF HEALTH SCIENCES Accounts Payable Direct Deposit Authorization

Please complete this form with your bank name, routing number and account number for all direct deposit payments paid through Western University Accounts Payable Department.

Please provide up to two email addresses to receive our automated electronic remittance advice.

Email 1:

Email 2:

Return the completed form to [AccountsPayable@WesternU.edu](mailto:AccountsPayable@WesternU.edu) with a copy of a voided check or a bank document that indicates the name on the account and the account number.

TO: UNIVERSITY FINANCIAL SERVICES & TREASURY (ACCOUNTS PAYABLE):

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the account listed below.

Initial Authorization

Change Authorization

Account No  Financial Institution

Checking

Savings

Routing/ABA No

Add Change Delete

Adds & Changes: Net

or Amount



Signature

Date

Print Name of Signatory