



Accounts Payable Direct Deposit Form

_____ F00 _____
Last Name (Please Print) First Name Middle Initial

I authorize Accounts Payables to use my current payroll direct deposit account information. YES / NO

New Enrollment Change in Enrollment (Circle One)

Bank Name _____

Bank Phone Number _____

Checking Account:

Account Number _____

Transit Routing Number _____

- PLEASE ATTACH VOIDED OR CANCELED CHECK (no deposit tickets) -

Savings Account:

Account Number _____

Transit Routing Number _____

- PLEASE VERIFY ACCOUNT INFORMATION FROM BANK PERSONNEL -

Name of Bank Personnel: _____

I authorize Concordia University Wisconsin and the Financial Institution listed above to initiate Electronic Deposit for each accounts payable payment as follows. I understand that the Electronic Deposit will begin upon my first payment after returning this completed form to the Accounts Payable Department, assuming valid account and bank routing information has been provided.

Employee Signature

Date