



## DIRECT DEPOSIT AUTHORIZATION STUDENT - ACH ENROLLMENT FORM

Please complete all sections of this "ACH Enrollment Form" and attach a voided check OR a copy of an encoded deposit slip that includes an imprinted vendor's name OR a letter signed by your bank representative, confirming account name, account number, and ABA routing number for ACH payments. **Note: This form cannot be processed without this documentation.**

NAME: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

### Financial Institution Information

FINANCIAL  
INSTITUTION NAME

TRANSIT #

BANK ACCOUNT #

- Checking  
 Savings

*Your financial institution's transit # can be found along the bottom of your personal checks*

I, hereby confirm my authority, as an authorized signer of the above-referenced bank account, to issue these instructions to credit and/or debit the bank account. I authorize WMU Homer Stryker MD School of Medicine to Direct Deposit all entitled payments to the account specified above and to initiate (if necessary) debit entries or adjustments for any credit (i) made in error, (ii) of an incorrect amount, (iii) that was a duplicate of a correct payment. I understand that this authorization will remain in effect until a written authorization requesting cancellation is submitted.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_