



# Direct Deposit Enrollment Form

To enroll in Direct Deposit for refunds and reimbursements, fill out the form completely and deliver to the Accounting Office via mail, fax or hand deliver. **PLEASE DO NOT EMAIL**

**PLEASE PRINT:**

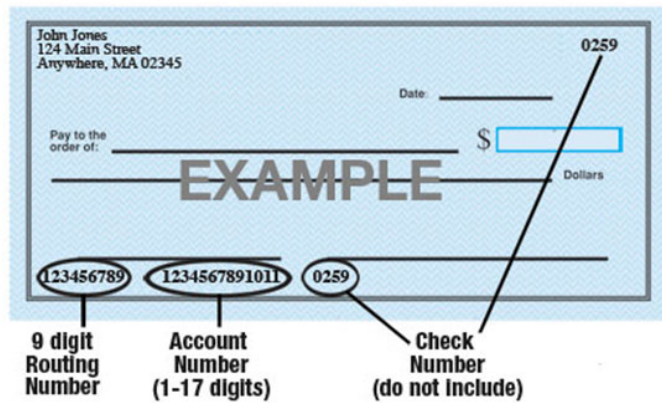
Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR PROOF OF ROUTING NUMBER AND ACCOUNT NUMBER**

(Do not use a deposit slip)



Name of Bank: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account:    Checking        Savings (Circle One)

**AUTHORIZATION:**

I hereby authorize Corban University Accounting Office to initiate direct deposits for refunds or expense reimbursements to my bank account with the financial institution I have listed. I have attached an actual or copied voided check or documentation showing that I am the holder of the bank account.

I understand direct deposit will remain in effect until I modify or cancel it in writing by notifying the accounting office at [accounting@corban.edu](mailto:accounting@corban.edu)

Signature \_\_\_\_\_

**Questions??** Contact: [accounting@corban.edu](mailto:accounting@corban.edu)  
5000 Deer Park Dr SE, Salem OR 97317  
Fax 503-585-4316