



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:

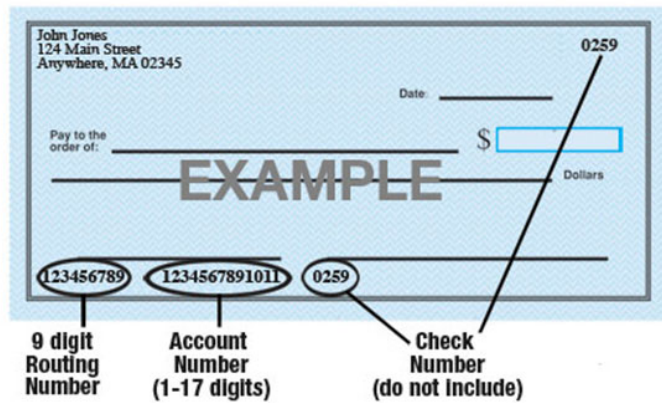
Name: _____

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

Signature _____

Questions?? Contact: accounting@corban.edu
5000 Deer Park Dr SE, Salem OR 97317
Fax 503-585-4316