



Vendor ACH Enrollment Form for Automatic Deposit Authorization

I hereby give *Trinity College dba Trinity Washington University (TWU)* permission to deposit all or part of my funds into my account at the Financial Institution listed below. I also give *TWU* permission to make adjustments for any incorrect deposits to my account. I further understand that this authorization is to remain in effect until I deliver written revocation to *TWU*.

NEW ENROLLMENT

CHANGE ENROLLMENT

PAYEE/COMPANY INFORMATION	
NAME:	
CURRENT MAILING ADDRESS:	
Street Number and Name	
Address Line 2	
City, State, Zip Code	
SOCIAL SECURITY OR TAXPAYER ID (Required):	
CONTACT NAME:	
CONTACT PHONE:	CONTACT EMAIL:

FINANCIAL INSTITUTION INFORMATION	
NAME:	
ADDRESS:	
NINE-DIGIT ROUTING/TRANSIT NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT (Checking or Savings):	
NAME OF PAYEE OR AUTHORIZED OFFICIAL (Please print):	
SIGNATURE & TITLE OF PAYEE OR AUTHORIZED OFFICIAL (Required):	
DATE:	

A voided check or bank documentation verifying the account and routing numbers must accompany this request. All documents may be submitted to AccountsPayable@trinitydc.edu or delivered to the TWU Business Office. Remittance notification will be sent to the email address provided above.

BUSINESS OFFICE USE ONLY:	Vendor ID #: _____
Received By: _____	Date: _____
Approved/Entered By: _____	Date: _____