



ACH FUNDS TRANSFER FORM

Please complete the following and return to Purchasing@wvc.edu

REQUIRED INFORMATION		
PURPOSE (Check one)		
<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancellation
ACCOUNT TYPE (Check One)		
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
LAST NAME	FIRST NAME	MIDDLE INITIAL
NAME ON ACCOUNT IF DIFFERENT THAN ABOVE (e.g., DBA business name or name on account)		
PHONE NUMBER (Include area code)	E-MAIL ADDRESS	

DOMESTIC			
FINANCIAL INSTITUTION NAME	CITY	STATE	ZIP
BANK ABA/ROUTING NUMBER (9-digit)	BANK ACCOUNT NUMBER		

FOREIGN		
FINANCIAL INSTITUTION NAME	LOCATION (Country)	
BANK IBAN NUMBER	BANK SWIFT CODE	BANK CODE (if applicable)

I authorize Wenatchee Valley College to deposit funds to the financial institution account indicated above. This will remain in effect until I give written notification to Wenatchee Valley College to cancel authorization. I understand that I must submit a separate copy of this form indicating cancellation authorization to provide a valid written notification.

SIGNATURE	DATE
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