



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 |
|-----------|------|