

Williams College – Controller’s Office
Accounts Payable Direct Deposit Authorization Form

Please fill out only pertinent information as it applies to the Vendor/Individual

All items in this section need to be filled out by ALL Vendors
Provide information for only ONE account.

Name of Vendor/Individual _____

Name of Bank _____

Routing # _____

Bank Account# _____

Account Type: Checking _____ (check here)

Account Type: Savings _____ (check here)

Email Address for sending advice (Print) _____
(Can be sent to more than one email address)

Company Name: _____

Authorized by - Name (PRINT) _____

Job Title _____

Telephone Number _____ **Date** _____

Authorized by - Signature _____

Please return to:
Accounts Payable
Controller's Office - Williams College
PO Box 67
Hopkins Hall – 1st Floor
Williamstown, MA 01267
Phone: 413-597-4009 or 413-597-4453
Fax: 413-597-4404