



1. Personal Information

Name: _____
 College ID Number: _____
 Faculty/Staff Student

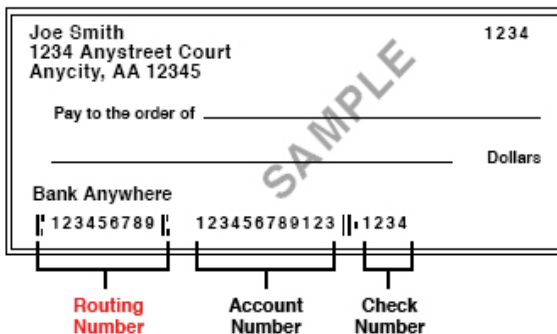
2. Deposit Information

New Financial Institution: _____
 Change Location (City): _____ Checking Savings
 End Account Number: _____ Routing Number: _____
 Entire Amount? Yes No If no, please specify dollar amount: _____

New Financial Institution: _____
 Change Location (City): _____ Checking Savings
 End Account Number: _____ Routing Number: _____
 Entire Amount? Yes No If no, please specify dollar amount: _____

New Financial Institution: _____
 Change Location (City): _____ Checking Savings
 End Account Number: _____ Routing Number: _____
 Entire Amount? Yes No If no, please specify dollar amount: _____

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 Change Location (City): _____ Checking Savings
 End Account Number: _____ Routing Number: _____
 Entire Amount? Yes No If no, please specify dollar amount: _____



I hereby certify that all the above information is correct.

Signature: _____ Date: _____
 Email (Calvin College Only): _____