

Email completed form to directly to Accountspayable@wpi.edu Students Name: _____ WPI ID#: Phone#: Email: **Banking Information:** (please check box below to indicate new account or change to existing account) New Change Name on Account: Transit Routing# (ABA): _____ (Note – this must be 9 digits) Account #: Checking: Savings: For Account Verification: Due to Covid-19 additional documentation is not required at this time. Please ensure all information is correct to avoid delays with returned payments. I authorize Worcester Polytechnic Institute (WPI) to deposit funds into the above financial institution to the account specified above. In the case of an error, I authorize Worcester Polytechnic Institute (WPI) to direct the financial institution to return the funds to WPI. Student Signature: _____ Date: _____ Date: _____ AP Representative: