

# AUGUSTANA

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Student Employee Information/Authorization: ID Number \_\_\_\_\_

\_\_\_\_\_  
Student Employee's Name (Please Print)

\_\_\_\_\_  
Social Security Number

I authorize and request my employer to deposit my pay automatically to my account identified below each payday. This authorization will remain in effect unless canceled in writing. I understand that a prenote must be initiated at least ten (10) days in advance of my first payroll deposit.

### Purpose of Authorization (Check One)

- \_\_\_\_\_ New Authorization  
\_\_\_\_\_ Changes to Authorization  
\_\_\_\_\_ Cancellation

(Select One)

- \_\_\_ Checking  
\_\_\_ Savings

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Bank Routing No.      Account No.

**\*Please attach a voided check or a copy of a voided check.\***

\_\_\_\_\_  
Student Employee Signature

\_\_\_\_\_  
Date Signed

\*\*\*\*\*

### Cancellation Statement:

I request that my employer terminate my authorized direct deposit of new amount due from payroll to my account. I allow a reasonable time for my employer to act upon my request to terminate this agreement.

\_\_\_\_\_  
Student Employee Signature

\_\_\_\_\_  
Date Signed

Return to:  
Augustana College  
Student Payroll  
639 38<sup>th</sup> Street  
Rock Island, IL 61201