

# Augustana College

## AUTHORIZATION AGREEMENT FOR ELECTRONIC VENDOR INVOICE PAYMENTS (E-CHECK)

### Payee Information:

\_\_\_\_\_  
Name – Individual or Company (Please Print)

\_\_\_\_\_  
Email Address

**(EMAIL ADDRESS MUST BE PROVIDED TO SIGN UP FOR ELECTRONIC PAYMENTS. EMAILS ARE SENT TO COMPANIES/INDIVIDUALS WHEN MONEY HAS BEEN DEPOSITED TO THEIR ACCOUNT. )**

I authorize and request Augustana College to pay our invoice(s) automatically to the account identified below according to payment terms & the Business Office check schedule. This authorization will remain in effect unless cancelled in writing.

Purpose of Authorization (Check One)

(Select One)

- New Authorization  
 Changes to Authorization  
 Cancellation

- Checking  
 Savings

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

\_\_\_\_\_  
Financial Institution Complete Address & Phone Number

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

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Printed Name of Person Filling out the Agreement, Title and Phone Number

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Return form to:**

**Augustana College, Accounts Payable – Business Office – 639 38<sup>th</sup> Street, Rock Island, IL 61201**

**Or Fax to: 309-794-7431 (Emails not accepted)**

### Cancellation statement:

I request that Augustana College terminate the authorized electronic payment. I allow a reasonable time for the college to act upon my request to terminate this agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date