

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

Student Employee Information/Authorization

Student Employee Name (Please Print)

Augustana ID 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 pre-note must be initiated at least ten (10) days in advance of my first payroll deposit.

Purpose of Authorization (Check One)

(Select One)

- New Authorization
- Changes to Authorization
- Cancellation

- Checking
- Savings

Name of Financial Institution

Bank Routing Number

Bank Account Number

Student Employee Signature

Date

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

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

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

