

**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.

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 from your bank.

If you do not have a check you can get your routing number and account number from your bank or Credit Union. Be sure to write the numbers correctly above. We would prefer a document from your bank with the information so we can confirm the numbers.

Return to:
Payroll Office
Sorensen Hall –Second Floor

FOR OFFICE USE ONLY BELOW

Document received by (check one):

HAND DELIVERED CAMPUS MAIL POSTAL MAIL

Receiving Employee Initials

Date

Confirming Employee Initials

Date

EMAILED REQUESTS WILL NOT BE PROCESSED