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

Employee Information/Authorization:

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

(Select One)

[ ]  Checking [ ]  Amount

[ ]  Savings [ ]  Remainder Name of Financial Institution

Bank Routing No. Account No.

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(Select One)

[ ]  Checking [ ]  Amount

[ ]  Savings [ ]  Remainder Name of Financial Institution

Bank Routing No. Account No.

## Employee Signature Date

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

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

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## **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.

## Employee Signature Date

 Revised 11/13