

Augustana College

AUTHORIZATION AGREEMENT FOR ELECTRONIC EXPENSE REIMBURSEMENTS (E-CHECK)

Payee Information:

Name – Individual or Company (Please Print)

I authorize and request Augustana College to pay my expense reimbursement/invoice 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

Bank Routing No.

Account No.

Authorized Signature

Date

•Please attach a voided check or copy of same•

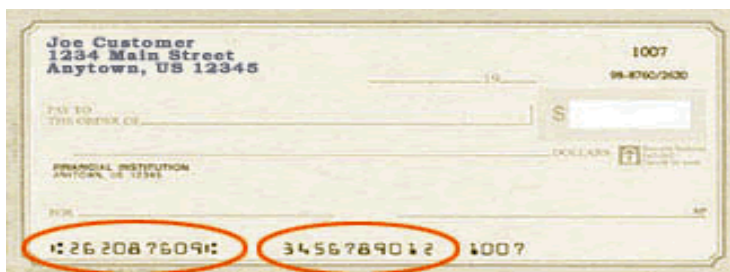
Return form to Accounts Payable – Business Office – 639 38th Street, Rock Island, IL 61201

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



**Routing
Number**

**Account
Number**