

Augustana College

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 pay day. This authorization will remain in effect unless canceled in writing. I understand that a pre-note may 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. _____

(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.

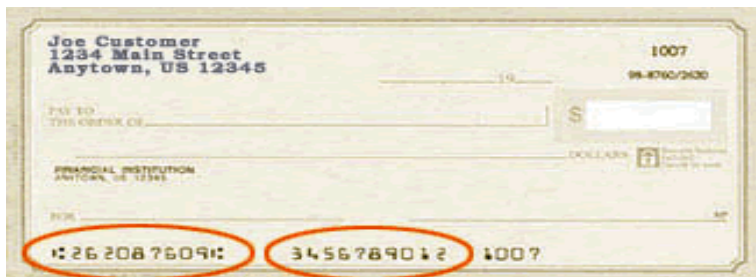
Return to: Augustana College Payroll - 639 38th Street, Rock Island, IL 61201

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 _____



**Routing
Number**

**Account
Number**

Revised 11/13