

Augustana College

ACH Authorization Form

I authorize and request Augustana to deposit funds due me to my bank account identified below. 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.

Name (Please Print)

Augustana ID Number

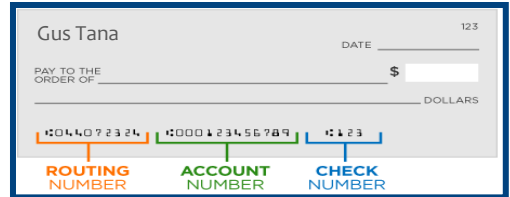
Purpose of Authorization

Select one: New Authorization Changes to existing Authorization Cancellation

Select Options: Refunds/Reimbursements Payroll Checks

Primary Account

Select one: Checking Savings



Name of Financial Institution

Bank Routing No.

Account No.

Payroll Deposits Only: If you want your check divided into two separate accounts clarify allocation.

Select one: Amount \$ _____ Percentage _____ %

Secondary Account (Optional for remainder of payroll check.)

Select one: Checking Savings

Name of Financial Institution

Bank Routing No.

Account No.

Signature

Date

Please attach a voided check or a copy of a voided check if possible.
Return to: Augustana College Payroll Office, Sorenson Hall, 639 38th Street, Rock Island, IL 61265