

# 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

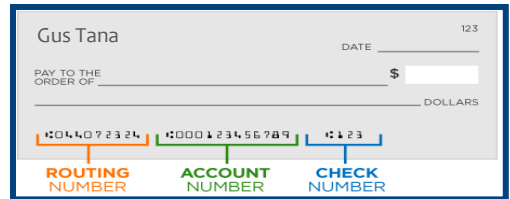
### Purpose of Authorization

Select one:     New Authorization                       Changes to existing Authorization                       Cancellation

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### \* 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 \_\_\_\_\_ %

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### 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 38<sup>th</sup> Street, Rock Island, IL 61265