



ACH Authorization Form

(Authorizing Automated Clearing House (ACH) electronic direct deposit of employee payments)

Please Print – All fields are required

Employee Name:		SNC ID #:	
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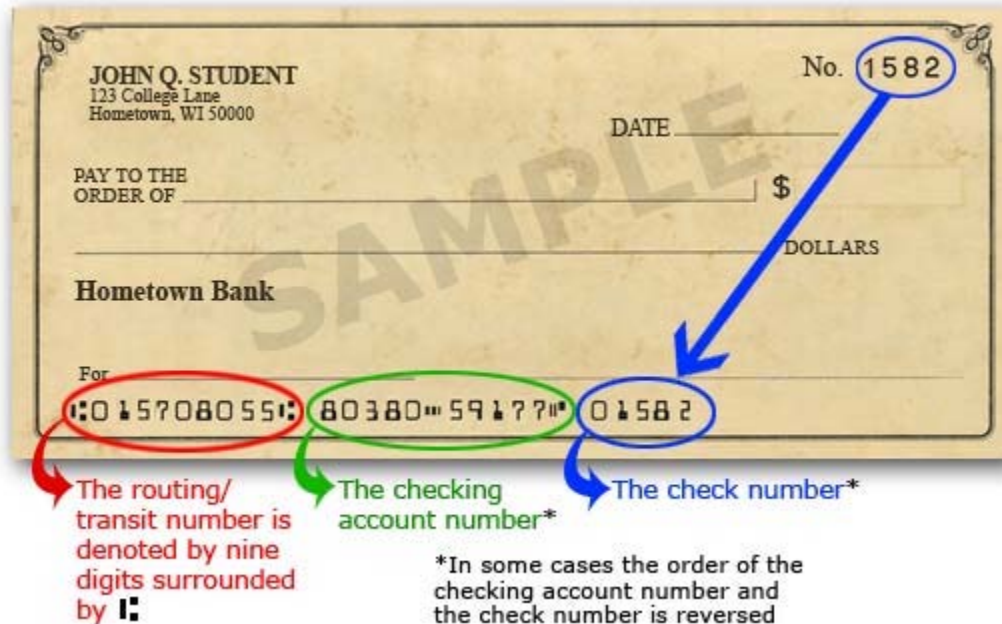
Financial Institution name:			
Financial Institution phone #:			
Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings If Checking selected attach voided check, if Savings selected attach deposit slip	Nine digit routing transit #:		
	Account #:		

I authorize St. Norbert College to initiate entries to my account at the financial institution listed above for the purpose of employee payment and, if necessary, adjustments for any entries made in error. This authorization will remain valid until the Finance Office receives written notification of termination.

Employee signature:		Date:	
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Return completed form to the Finance Office, Todd Wehr Hall M09. Incomplete documents will be returned for completion. Direct Deposit will not begin until a complete and valid form is received.

Sample location of routing transit and account number on a check:



Office Use Only GOEMAL _____
GXADIRD _____