



St. Norbert College pays by direct deposit.
Please complete this form and return to Payroll Services .

ST. NORBERT COLLEGE

SNC STUDENT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

STUDENT NAME: _____ **

ST. NORBERT COLLEGE ID #: _____ **

SOCIAL SECURITY #: _____ - _____ - _____ **

I hereby authorize St. Norbert College to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account or accounts as listed below.

FINANCIAL INSTITUTION NAME: _____ **

FINANCIAL INSTITUTION PHONE #: _____ **

ROUTING/TRANST NUMBER: |_|_|_|_|_|_|_|_|_|_| (required)**

Saving/Checking Account #: _____ \$ Net _____
(circle one)**

The authority is to remain in full force until St. Norbert College has received **written notification** from me of its termination in such timely manner as to afford St. Norbert College and the above Financial Institution a reasonable opportunity to act on it.

Employee Signature

Date

***** ATTACH A VOID COPY OF A CHECK FOR EACH CHECKING ACCOUNT AND A DEPOSIT SLIP FOR EACH SAVINGS ACCOUNT.*****

This signed agreement should be returned to **PAYROLL SERVICES** for processing.

All items with an ** next to them are required items. If any of these items are not completed, the form will be returned to you for completion and Direct Deposit will not begin until the completed form is received in Payroll Services.

MAKE A COPY FOR YOUR RECORDS

For Office Use Only
GOAEMAL _____
GXADIRD _____