

Cr-auth

Student Employment

AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize (Missouri Valley College), hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____		_____	
(Financial Institution Name)		(Branch)	
_____			_____
(Street Address)		(City/State)	(Zip)
_____		_____	
(Routing Number)		(Account Number)	

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____		_____	
(Print Individual Name)		(Print Student Name, if different)	
_____		_____	
Social Security Number		Student ID Number	

(Signature)			

(Date)			

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM