

Last Name

First Name

M.I.

Phone

ID Number

STUDENT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

I hereby authorize Elizabethtown College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account I have listed below. I authorize the bank or credit union listed below to credit and debit Elizabethtown College's entries to the account.

This authorization is to remain in full effect until I notify Elizabethtown College of its termination in enough time for the College and the Bank or Credit Union to act on the termination or until the College has sent me ten (10) day written notice of the College's termination of this arrangement.

The Bank or Credit Union I will use is :

Choose One:

Checking Account #

Savings Account #

Routing/A.B.A./Transit Number (9 digits)

Signature

Date

**Please bring the completed form to the
PAYROLL OFFICE, Alpha Hall, Room 201**

Elizabethtown College.....ID Number 23-1352632

Entered in Payroll by _____

Date _____