

Edgewood College Authorization Agreement for Automatic Deposit(s)

Personal Information:						
Name (Last,	First, MI):		ID#:			
Phone Numb	per:		Email Address:			
Select One:	Biweekly Payroll	Monthly Payroll	Effective Date:			

Primary Account Required: Your paycheck or the remaining balances from the secondary and tertiary accounts. **Voided checks or verification of account and routing numbers are required**							
Select One: Start				No Change		2	
Account Type (Select One):	t Type (Select One):			□ Saving	S		
Name of Financial Institution:							
			T				
Routing Number:			Account Number:				
Secondary Account Optional: Use to designate a % or \$ amount for an account other than the primary **Voided check or verification of account and routing numbers are required**							
Select One: 🗆 Start		🗆 Change		🗆 Canc	el	🗆 No Change	
Account Type (Select One):	Account Type (Select One): Checking			🗆 Savin	igs		
Name of Financial Institution:							
Routing Number:			Account Number:				
% OR \$ of Net Distribution:							
Tertiary Account Optional: Use to designate a % or \$ amount for an account other than the primary and secondary							

Voided check or verification of account and routing numbers are required								
Select One:	□ Start □		🗆 Change		Cancel	No Change		
Account Type (Select	Checking	king		Savings				
Name of Financial Institution:								
Routing Number:			Account N	lumber:				
% OR \$ of Net Distrib	ution:							

Authorization:				
and adjustments	for any credits in error to eived written notice from	my account(s). This	credit entries and to initiate, if necessary, de authorization is to remain in effect until ED n in such time to afford EDGEWOOD COLLE	GEWOOD
Signature			Date	
Check Example:	Routing Number Account Numb (Exactly 9 digits)			