

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT DOCUMENTATION MUST BE ATTACHED

I hereby authorize Northwest State Community 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 listed below.

FINANCIAL INSTITUTION NAME	*BANK ROUTING NUMBER	ACCOUNT NO.	TYPE OF ACCOUNT
1			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Amount		
(location)			
2			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Amount		
(location)			
BALANCE ACCOUNT:			
3			<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Amount		
(location)			

*This is the first nine digits across the bottom of your check/deposit slip.

If there are not sufficient funds available for all three accounts, funds will be credited to Account #1 first, Account #2 second, and the balance to the Balance Account.

A VOIDED CHECK, A COPY OF A VOIDED CHECK, OR A COPY OF ACCOUNT CARD MUST ACCOMPANY THIS FORM FOR EACH ACCOUNT. FAILURE TO PROVIDE CORRECT DOCUMENTATION WILL RESULT IN DIRECT DEPOSIT NOT BEING SETUP IN THE SYSTEM UNTIL THIS DOCUMENTATION IS RECEIVED.

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

NAME (PLEASE PRINT)	Banner ID #
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DATE	SIGNATURE
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