



Human Resources | 150 E. South College Street, Yellow Springs, OH 45387 | 937.769.1375 | www.antioch.edu

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize ANTIOCH UNIVERSITY, herein called COMPANY, to initiate CREDIT entries and to initiate, if necessary, DEBIT entries and adjustments for any CREDIT entries in error to my account indicated below and my bank named below, hereinafter called DEPOSITORY BANK, to credit and/or debit to such account.

(Please fill out either A and/or B. You may also attach a voided check-no deposit slips please)

A) DEPOSITORY BANK'S NAME _____

DEPOSITORY BANK'S ROUTING NUMBER _____

EMPLOYEE'S BANK ACCOUNT NUMBER _____

DEPOSIT AMOUNT \$ _____

TYPE OF ACCOUNT (circle one) CHECKING or SAVINGS

B) DEPOSITORY BANK'S NAME _____

DEPOSITORY BANK'S ROUTING NUMBER _____

EMPLOYEE'S BANK ACCOUNT NUMBER _____

DEPOSIT AMOUNT \$ _____

TYPE OF ACCOUNT (circle one) CHECKING or SAVINGS

This authority is to remain in full force and effect until either (1.) COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY BANK a reasonable opportunity to act on it; (2.) my employment with COMPANY has been completely terminated, or (3.) the direct-deposit deactivation date that I specified below has passed.

OPTIONAL: To request that Antioch University deactivates your direct deposit, insert a date below.

I hereby terminate my authorization for COMPANY to deposit my pay into my bank account(s) effective the first payday AFTER the following date: _____

4. EMPLOYEE NAME _____

EMPLOYEE'S AUTHORIZING SIGNATURE _____ **DATE** _____

RETURN COMPLETED FORM OUR HUMAN RESOURCES OFFICE. THANK YOU!