

**AUGUSTANA COLLEGE**  
**DIRECT DEPOSIT AND TUITION DEDUCTION AUTHORIZATION FORM**

**Student Information Section**

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student ID

**Tuition Deduction**

I authorize Augustana College to apply the full amount of my student employment earnings toward any outstanding balance owed on my student account. No disbursement will be made to me until my student account balance owed is paid in full. I understand that finance charges will accrue at a rate of 1.25% per month on any outstanding balance as of the 15th of each month. I understand that I am required to give a 14 day advance notice to the Business Office to cancel the Tuition Deduction plan.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Direct Deposit to Checking or Savings Account**

I authorize Augustana College to automatically deposit my student employment paycheck into my bank account (this includes my authorization to you to reverse any entires made in error). I understand that I must give a written notice to the Business Office, 14 days in advance, in order to discontinue having my student employment earnings direct deposited into my bank account. A void check or deposit slip for the accounts listed below is included as required.

Financial Insitution	Routing Number	Account Number	Amount	<b>Please choose the type of account:</b>
_____	# _____	# _____	\$ _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Money Mkt
_____	# _____	# _____	\$ _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Money Mkt

Please indicate "ALL" in the Amount column if you want your entire check to go in that account.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Remember to attach a void  
check or a deposit slip.**