

Augustana College

AUTHORIZATION AGREEMENT FOR ELECTRONIC VENDOR INVOICE PAYMENTS (E-CHECK)

Payee Information:

Name – Individual or Company (Please Print)

Email Address

(EMAIL ADDRESS MUST BE PROVIDED TO SIGN UP FOR ELECTRONIC PAYMENTS. EMAILS ARE SENT TO COMPANIES/INDIVIDUALS WHEN MONEY HAS BEEN DEPOSITED TO THEIR ACCOUNT.)

I authorize and request Augustana College to pay our invoice(s) automatically to the account identified below according to payment terms & the Business Office check schedule. This authorization will remain in effect unless cancelled in writing.

Purpose of Authorization (Check One)

(Select One)

- New Authorization
 Changes to Authorization
 Cancellation

- Checking
 Savings

Name of Financial Institution

Financial Institution Complete Address & Phone Number

Bank Routing No.

Account No.

Printed Name of Person Filling out the Agreement, Title and Phone Number

Authorized Signature

Date

Return form to:

Augustana College, Accounts Payable, 639 38th Street, Rock Island, IL 61201

Fax: 309-794-7431

Email: accountspayable@augustana.edu

Cancellation statement:

I request that Augustana College terminate the authorized electronic payment. I allow a reasonable time for the college to act upon my request to terminate this agreement.

Authorized Signature

Date