

TRINITY COLLEGE

PLEASE PRINT OR TYPE NAME HERE: _____

PLEASE ENTER COLLEGE ID NUMBER HERE: _____

STUDENT AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS AND DEDUCTIONS

Definitions

In this agreement, "I", "Me" and "my" mean the employee. "You" and "your" mean the employer. "Account" means checking, savings, NCW or IRA account into which payroll funds are sent. "Bank" means the bank that holds my account.

Payroll Deposits and Deductions

I authorize you to pay me my wages as described in this form. You may send the deposits to my Bank, or by paper entry if you need to.

Changes

If I want to make a change to this agreement, I must tell you in writing. You may have a reasonable time to act on the change. If you want to stop or change this agreement, you may after you give me a ten day notice in writing.

Your Liability

You will use care in sending funds to my Account. I agree that you will not be liable for damages or losses that occur due to an equipment failure, an act by any third party, or something beyond your control. In any event, your liability to me will not exceed the difference between the wages you owe me and what you have paid me.

Corrections

If you credit my Account with a wrong amount, you may correct the error with an electronic debit or by paper entry.

Employee Signature

Date

FOR DEPOSIT TO: BANK NAME

BANK CITY - STATE

**BANK TRANSIT ROUTING - AMERICAN BANKERS
ASSOCIATION NUMBER MUST BE 9 CHARACTERS**

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BANK ACCOUNT NUMBER TO BE CREDITED

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CHECKING

SAVINGS

YOU MUST ATTACH A CANCELLED CHECK OR BANK DOCUMENT TO VERIFY ACCOUNT INFORMATION