



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)

I hereby authorize *ANTIOCH UNIVERSITY NEW ENGLAND*, herein called *COMPANY*, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my \_\_\_ checking account \_\_\_ savings account indicated below and the depository named below, hereinafter called *DEPOSITORY*, to credit and/or debit to such account.

*NOTE:*

*YOU DO NOT NEED TO COMPLETE THIS SECTION IF YOU HAVE ATTACHED A VOIDED CHECK*

Depository Name \_\_\_\_\_

Branch Location \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authority is to remain in full force and effect until *COMPANY* has received written notification from me of its termination in such time and in such manner as to afford *COMPANY* and *DEPOSITORY* a reasonable opportunity to act on it.

Name \_\_\_\_\_ ID # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***ATTACH VOIDED CHECK HERE***

**(Return to Office of Human Resources)**

***(To avoid the hassle of returns from closed accounts, please do not close your account unless you notify the Human Resource Office first. This will give us time to make all necessary corrections so your pay is not affected)***

Return completed form to the *Antioch University New England*  
*Office of Human Resources.*