



**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS**

I hereby authorize Rivier College hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY to credit and/or debit the same to such account.

BANK NAME	ABA#	ACCOUNT	TYPE OF ACCOUNT	AMOUNT
-----------	------	---------	-----------------	--------

This authority is to remain in full force and effect until COMPANY has received written notification from me or when employment has been terminated. It is the responsibility of the employee to verify that funds have been direct deposited into their account prior to expending funds.

NAME _____
(Please Print)

SOCIAL SECURITY # _____

SIGNED _____ DATE _____

Note: Please attach copy of voided check for direct deposit to a checking or savings account. Should your bank not be able to handle direct deposit, you will be notified. Please allow a minimum of two weeks for processing.