

COE COLLEGE

**EMPLOYEE / STUDENT REIMBURSEMENT
ACH AUTHORIZATION FORM**

I authorize Coe College to electronically deposit REIMBURSEMENT payments to the bank account noted below via Automated Clearing House (ACH) in accordance with applicable provisions of U.S. law.

This authorization will remain in effect until the college receives written notification of change or cancellation from me. I understand that if I fail to notify the Business Office in a timely manner that my account has changed or has been cancelled and the funds are not able to be deposited into my account, that a replacement check will be produced only upon receipt of the original funds into the College bank account. This could take up to two weeks.

In the event that funds are erroneously deposited to the undersigned's bank account, I authorize Coe College to direct my bank to return any deposited funds to which I was not entitled by adjusting my bank account as appropriate.

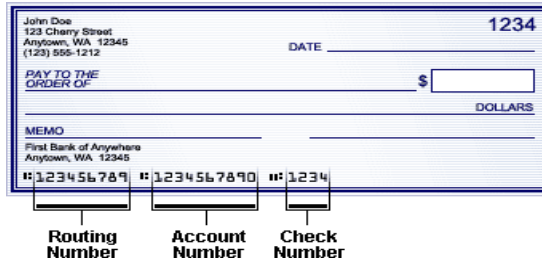
Employee/Student Information:

Name: _____ ID: _____
(Please print name as it appears on the bank account)

Financial Institution Name: _____

Address: _____
Street Address City State Zip

Select one: Checking Account
 Savings Account



Bank Routing Number: _____

Bank Account Number: _____

Signature: _____ Date: _____

RETURN COMPLETED FORM AND VOIDED CHECK TO: Business Office

Please allow 7 to 10 business days for processing. Call 319.399.8525 for assistance.