

# STUDENT EMPLOYMENT CHECK AUTHORIZATION

## Academic Year 2011-2012

STUDENT ACCOUNTS OFFICE  
MACALESTER COLLEGE  
1600 GRAND AVENUE  
ST. PAUL, MINNESOTA 55105  
PHONE: 651/696-6161  
Fax: 651/696-6631

Email: [studentaccts@macalester.edu](mailto:studentaccts@macalester.edu)

**Note:** If you do not want work-study earnings to be deposited directly to your student billing account, do not complete this form.

I, \_\_\_\_\_  
(Print Name) (ID Number)

do hereby authorize Macalester College to deposit my Student Employment work-study earnings directly on to my student billing account at the College. I understand that this is valid until I authorize a change or termination of the agreement or the Student Accounts Office terminates this agreement according to College policy. A change or termination of this agreement by the student may only take place after the student billing account is paid in full.

I understand the following:

- *Work-study will be credited to my student account on a bi-weekly basis as I earn it.*
- *I will continue to receive a monthly bill as long as there is a balance due on my account.*
- *I may not earn my full work-study award for the semester and am responsible for paying the difference before the semester ends.*
- *This Student Employment Check Authorization does not authorize the College to apply my work-study earnings beyond the end of the academic year indicated above.*
- *Termination may occur for the following reasons:*
  - *Student Accounts fails to receive a check for student wages by October 15<sup>th</sup> for Fall Semester.*
  - *Student Accounts fails to receive a check for student wages by March 15<sup>th</sup> of the Spring Semester.*
  - *Student Accounts fails to receive a check for three consecutive pay periods in a given semester.*
  - *The student is terminated from his/her campus position*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I choose to terminate this Student Employment Check Authorization.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

For Office use only

Amount of Work-study Award

Fall Semester: \_\_\_\_\_  
(Cashier Initials)

Spring Semester: \_\_\_\_\_  
(Cashier Initials)

Date: \_\_\_\_\_

Date: \_\_\_\_\_