

STUDENT EMPLOYMENT CHECK AUTHORIZATION

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

Email: studentacct@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. A change or termination of this agreement may only take place after the student billing account is paid in full.

This authorization will expire at the end of _____, 20____
(Month)

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 expiration date indicated above.*

(Signature)

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: _____