

STUDENT EMPLOYMENT CHECK AUTHORIZATION

Academic Year 2020-2021

STUDENT ACCOUNTS OFFICE

Macalester College
1600 Grand Avenue
St. Paul, MN 55105

Phone: 651/696-6161
Email: studentacctts@macalester.edu
Fax: 651/696-6631

Note: If you do not want your work-study earnings to be credited to your student billing account, do not complete this form.
If your work-study earnings are not a part of your financial aid award, do not complete this form.

I, _____
(Print Name) (ID Number)

do hereby authorize Macalester College to credit my Student Employment work-study earnings directly 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. I further understand that I cannot terminate this agreement until and unless my student billing account is paid in full.

I understand the following:

- *Work-study will be credited to my student billing account on a bi-weekly basis as I earn it.*
- *Work-study will be credited to my student billing account when a payroll period includes*
 - *The first day of class*
 - *The last day of class*
 - *The time between Fall and Spring Semesters*
- *I will continue to receive a monthly bill as long as there is a balance due on my account.*
- *In exchange for authorizing my student employment earnings to be credited to my student billing account, the College will not charge interest on the unpaid balance on my student billing account up to the amount of my work-study award.*
- *I may not earn my full work-study award for the semester and am responsible for paying the unpaid balance 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.*
- *The Student Accounts Office may terminate this agreement for the following reasons:*
 - *Student Accounts fails to receive any checks for student wages by October 15th for Fall Semester and March 15th of the Spring Semester.*
 - *Student Accounts receives checks for student wages totaling less than 25% of my work-study award by October 15th for Fall Semester and March 15th for Spring Semester.*
 - *Student Accounts receives checks for student wages totaling less than 50% of my work-study award by November 1st for Fall Semester and April 1st for Spring Semester.*
 - *Student Accounts fails to receive a check for three consecutive pay periods in a given semester.*
 - *Student Accounts fails to see a good faith effort on my part to earn and apply student wages against the balance due in any given semester.*
 - *Termination may occur if an unpaid balance remains at the end of the semester (December 15th for Fall and May 15th for Spring) due to not enough work-study earned and payment isn't made in full by the end of the semester.*
 - *Termination of this agreement in one semester requires Student Accounts approval for all future semesters.*
 - *The second termination of this agreement will end this option for all future semesters.*
 - *The student is terminated from their campus position.*
- *Student Accounts will contact students to notify them when this agreement is at risk of termination.*

(Signature)

(Date)

Contract Termination:

I choose to terminate this Student Employment Check Authorization.

(Signature)

(Date)

For Office Use Only

Fall Semester:

Amount

Cashier Initials

Date

Spring Semester:

Amount

Cashier Initials

Date