AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

I, _____, hereby authorize and instruct Miles College (the "Company") to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below in the amounts indicated below in the Deposit Instructions and to make any such withdrawals directly from my account or accounts as are necessary to correct any incorrect deposit by Miles under this Authorization.

I further authorize and instruct the financial institution named below (the "Institution") to accept such automatic deposits to or withdrawals from my account or accounts by Miles College and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by Miles College without any responsibility for the correctness of any such deposit or withdrawal.

Financial Institution (s)_____

Deposit Instructions

(Please initial the appropriate box)

☐ Please deposit the full amount of each of my payroll payments to my **checking** account

_____ _____.
Routing Number Account Number

☐ Please deposit the full amount of each of my payroll payment to my **savings** account

_____ _____.
Routing Number Account Number

☐ Please deposit the full amount, indicated below, of each of my payroll payments to my **SAVINGS** account and the remainder of each payroll payments to my **CHECKING** account:

Savings Acct:	_____	_____	_____
	Deposit Amount	Routing Number	Account Number
Checking Acct:	_____	_____	_____
	Deposit Amount	Routing Number	Account Number

(Please attach a voided check, for the account or accounts to which such automatic deposits are to be made.)

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both Miles College and the Institution. My cancellation will become effective as to the College when the College receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account or accounts by Miles up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the Institution when the Institution receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account or accounts by the Institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of Miles College and the Institution governing accounts and preauthorized transfers to and from accounts.

I hereby state that I received a completed copy of this authorization on the date I signed this authorization.

Signature_____ Date_____