

STUDENT EMPLOYMENT DEPOSIT AGREEMENT

Name _____
(Please Print)

SS # _____ School ID _____

_____ I want my earnings deposited to my _____ account.
(Bank name – please print)

My account number is : _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Attach check here

_____ I want a percentage of my earnings credited to my tuition.

If this is not a First Source account and a problem arises with my banking institution, I understand there will be a one month delay in resolving it.

Student Signature

Date

RETURN THIS FORM TO THE BUSINESS OFFICE – 150 LEMANS HALL