



**ACUPUNCTURE &
INTEGRATIVE MEDICINE
COLLEGE, BERKELEY**

Authorization for Direct Deposit and Paystub Online Access

I, _____, authorize **Acupuncture and Integrative Medicine College, Berkeley** to deposit my pay automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford **Acupuncture and Integrative Medicine College, Berkeley**, a reasonable opportunity to act on it.

I, _____, also authorize **Acupuncture and Integrative Medicine College, Berkeley** to register my email indicated below to access my paystub online. This authorization will remain in effect until I cancel it in writing and in such time as to afford **Acupuncture and Integrative Medicine College, Berkeley** a reasonable opportunity to act on it. A username and temporary password will be issued to me after the authorization.

Name on bank account: _____

Name of bank: _____

Bank account number: _____

Bank routing number: _____

Checking Saving

Date of birth: month day year

Email: _____

Sign: _____

Date: _____