

THORIZATION FORM
ent & Refund Payments

I

UNIVERSITY

Primary

: _____

Savings Q

< _____ Flat \$ Amount _____ Percent _____

Secondary

Savings Q

_____ Flat \$ Amount _____ Percent _____

ount for reimbursements & refunds. ~~100~~all reimbursements and
this account.

se read and sign before completing and submitting.

University to deposit any amount owed to me by initiating credit entries to the acco
Bank to accept and to credit any credit entries indicated by Illinois Wesleyan Univers
Wesleyan University deposits funds erroneously into my account, I authorize Illinois W
in amount not to exceed the original amount of the erroneous credit.

Date _____