



**Authorization for
Automatic Rent Deduction
Bi-weekly**

I hereby authorize St. Olaf College to deduct the amount of \$_____ split between the last two paychecks of each month beginning ___/___/___ for payment of the following month's rent of the dwelling located at:

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Department: _____

Signature: _____ Date: ___/___/___



**Authorization for
Automatic Rent Deduction
Monthly**

I hereby authorize St. Olaf College to deduct the amount of \$_____ each month beginning ___/___/___ for payment of the following month's rent of the dwelling located at:

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Department: _____

Signature: _____ Date: ___/___/___