

ABILENE CHRISTIAN UNIVERSITY
Internship Payment Request

INTERN INFORMATION

Date Requested: _____

Student Name: _____

Banner ID: _____

Address: _____

City, State, Zip: _____

Does the intern have a financial or management connection to an ACU employee? Yes _____ No _____

Is the intern currently an employee at ACU? Yes _____ No _____

Is the intern an international student? Yes _____ No _____

PAYMENT METHOD

Interns will be paid through direct deposit. Therefore, the intern must have a valid bank account within the United States.
 Please have the intern fill out an [ACH Authorization form](#).

Payment Frequency (weekly, monthly, etc.): _____

of Payments: _____ First Pay Date: _____ Last Pay Date: _____

PAYMENT INFORMATION

Internship Description: _____

Internship Time Period: _____

Index	Fund	Organization	Account	Program	Activity	Amount
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

_____ Check if W-9 is on file in the AP office **Amount of Each Payment: \$0.00**

Total Amount for Entire Internship Period: \$0.00

AUTHORIZED SIGNATURES

Requestor's Signature: _____

Department: _____ Extension: _____

Department Head's Signature: _____

Department: _____ Extension: _____

HUMAN RESOURCES APPROVAL

The Internship Agreement associated with the above Internship Payment Request has been reviewed and approved for internship status. The agreement and position meet the criteria set forth by the Fair Labor Standards Act.

Signature: _____

Date: _____