

OHLONE COMMUNITY COLLEGE DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employee Name \_\_\_\_\_ Colleague ID: \_\_\_\_\_  
Please Print

I hereby authorize Ohlone Community College District (CCD) to initiate credit entries and to initiate, if necessary, debit entries and or adjustments for any credit entries to my account indicated below.

Add: \_\_\_\_\_ \* Remove: \_\_\_\_\_ Change Amount: \_\_\_\_\_ (check only one)

BANK: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_ or Full Amount? \_\_\_ or Remainder? \_\_\_

This authority is to remain in full force and effect until Ohlone CCD has received written notification from me of its termination. The manner and time for the adjustment shall afford Ohlone CCD and Bank a reasonable opportunity to take appropriate actions.

Effective Start Date (Month & Year): \_\_\_\_\_  
Allow 5 weeks process time before effective date.

\* When adding a new account:

**ATTACH VOIDED CHECK FOR CHECKING ACCOUNT**

**ATTACH DEPOSIT SLIP FOR SAVINGS ACCOUNT**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN TO PAYROLL