



OHLONE COMMUNITY COLLEGE DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Ohlone Community College District (CCD) to initiate credit entries (deposits) to the account indicated below. For this account, I also authorize that in the case of an error debit entries (deductions) may be taken out of my account within 3 business days and only for the amount of the original deposit that was made. Any deductions made by Ohlone CCD cannot cause your account to have a negative balance.

Employee Name: _____ Colleague ID: _____
Please Print

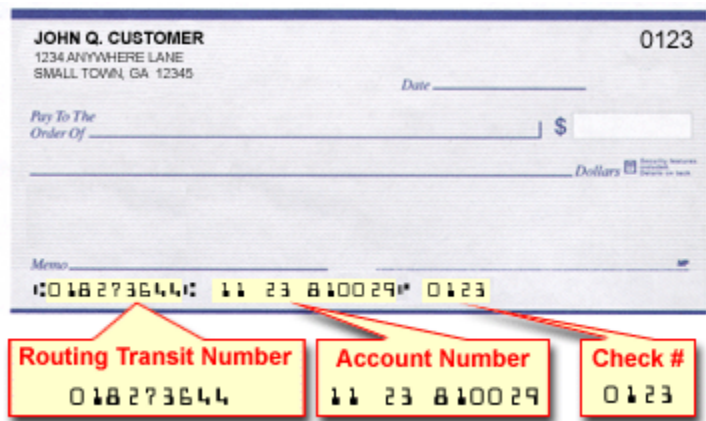
I will be making the following change to my direct deposit: (Please check one)

- Adding an Account
Removing an Account
Changing Amount of Existing Direct Deposit

Bank Name: _____ Checking Savings

Amount of Deposit: \$ _____ or Full Amount or Remainder

Check Example:



Routing Transit Number: _____ Account Number: _____

Please take care in filling out your routing transit number and account number as errors will cause delays to the start of your direct deposit.

TO SPEED UP PROCESSING:
ATTACH VOIDED CHECK FOR CHECKING ACCOUNT
OR
ATTACH DEPOSIT SLIP FOR SAVINGS ACCOUNT

Effective Start Date (please allow for 4 weeks of processing time before effective date): _____
Month and Year

This authority is to remain in full force and effect until Ohlone CCD has received written notification from me of its termination.

Employee Signature: _____ Date: _____

RETURN TO PAYROLL