

COLLIN COUNTY COMMUNITY COLLEGE DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) _____ (please print), hereby authorize COLLIN COUNTY COMMUNITY COLLEGE DISTRICT, hereinafter called COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to **my (our) checking (970) _____ or to my (our) savings/money market (960) _____ account (please select only one)** in the name(s) indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

PLEASE PRINT AND COMPLETE ALL BLANKS

Employee Name

Employee SS#

Depository Name

Depository Phone #

Branch

City

State

Zip Code

PLEASE CALL YOUR DEPOSITORY INSTITUTION TO VERIFY THE TRANSIT/ABA NUMBER AND YOUR ACCOUNT NUMBER FOR THE DIRECT DEPOSIT TO YOUR ACCOUNT. THIS WILL HELP ENSURE ACCURATE PROCESSING OF YOUR DEPOSIT.

Transit/ABA Number

Account Number

Checking

Savings

This authority shall remain in full force and effect until the first payroll following the COLLEGE'S receipt of written notification from me (or either of us) of its termination in such time and in such manner as to afford COLLEGE and DEPOSITORY a reasonable opportunity to act on it.

Name (Names if joint account)

(Please print)

Date

Signed _____

Signed _____

Return this completed form to the Payroll Office at the Courtyard Campus by the monthly payroll cut-off date to implement on the month-end payroll.

NOTE: **Your first paycheck after enrollment will not be direct deposited; it is processed as a pre-note for confirmation only. The second actual payroll check will be direct deposited to your account.**