

**PAYROLL DIRECT DEPOSIT
AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS/DEBITS
(ACH CREDITS/DEBITS)**

I hereby authorize CLATSOP COMMUNITY COLLEGE, hereinafter called COLLEGE, to initiate credit entries (or debit entries to adjust my account in the event of an error) to my account(s) indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

PRIMARY ACCOUNT:(Deposit Net Pay)

(Financial Institution Name) (Branch)

(Routing Number) (Account Number)

Type of Acct:___Checking___Savings

SECOND ACCOUNT: Amount to deposit \$_____

(Financial Institution Name) (Branch)

(Routing Number) (Account Number)

Type of Acct:___Checking___Savings

This authority is to remain in full force and effect until the COLLEGE has received **written** notification from me of its termination in such time and manner as to afford the COLLEGE and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT Individual Name:_____

PRINT Clatsop CC Employee Number:_____

(SIGNATURE)

(DATE)