



SAN DIEGO COMMUNITY COLLEGE DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

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

I hereby authorize San Diego Community College District (SDCCD) 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 San Diego CCD has recieved written notification from me of its termination. The manner and time for the termination shall afford San Diego CCD and Bank a reasonable opportunity to take appropriate actions.

Effective Start Date (Month & Year): \_\_\_\_\_

Allow up to 4 weeks process time before effective date for bank pre-note.

\* When adding a new account:
ATTACH VOIDED CHECK FOR CHECKING ACCOUNT
ATTACH DEPOSIT SLIP FOR SAVINGS ACCOUNT

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

RETURN TO PAYROLL