Collin County Community College District
Authorization Agreement for Automatic/Direct 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 _____savings/money market (960) account (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

_____ _____
Employee Name Employee SS#

Depository Name:_____ Depository Phone #:_____

Branch:_____ City:_____ State/Zip:_____

Please call you depositor institution to verify the transit/ABA number for payroll direct deposit to your account. This will help ensure accurate processing of your deposit.

Transit/ABA Number:_____ Account Number:_____

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 name(s) Date

Signed X_____ Signed X_____

Return completed form to the Payroll Office at Courtyard Center by the monthly payroll cut-off date for implementation 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.
NEW HIRES & OTHER NEW ENROLLEES IN DIRECT DEPOSIT: YOUR FIRST PAYCHECK WILL BE AVAILABLE FOR PICK UP FROM YOUR DEPARTMENT/DIVISION OFFICE.