AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

MUST ATTACH YOUR VOIDED CHECK HERE

I, _____, authorize CLACKAMAS COMMUNITY COLLEGE to make payment of any amounts owing to me for services rendered by making deposits to the account(s) in the Financial Institution(s) indicated below. I also authorize same said Financial Institution(s) to accept any credit entries initiated by CLACKAMAS COMMUNITY COLLEGE to such accounts and to credit the same to each account.

1. Deposit $_____ (or net pay) at the end of each pay period each month to my checking/savings account.

   Financial Institution _____

Account	:									:																	:

R & T No. Account No.

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   Financial Institution _____

Account	:									:																	:

R & T No. Account No.

This authorization will override any previous authorization and will remain in effect until <u>CLACKAMAS COMMUNITY COLLEGE</u> has received written notification from me of its termination.

Date: _____ Social Security No.: _____

Employee Signature: _____

Company Name: <u>Clackamas Community College</u>
Company I.D. No.: <u>93-0555710-A1</u>
Revised 2/10/03
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