



ACCOUNTS PAYABLE
7600 Dublin Blvd, 3rd Floor, Dublin, CA 94568
Tel: (925) 485-5224 Fax: (925) 485-5271

ACH AUTHORIZATION AGREEMENT (Please TYPE)

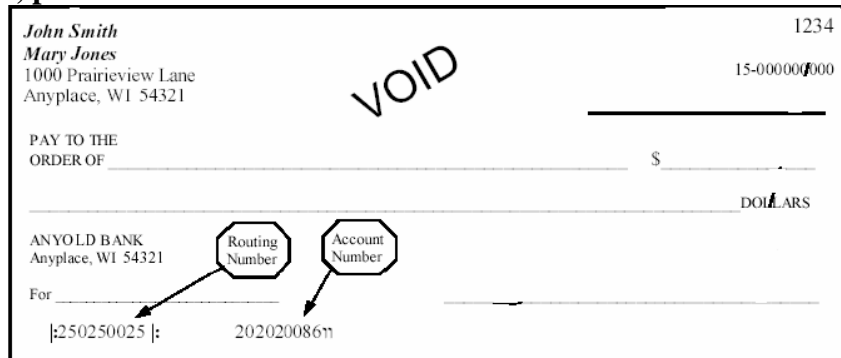
VENDOR / PAYEE NAME	FEDERAL TAX ID NUMBER/SOCIAL SECURITY NUMBER
<input type="checkbox"/> INITIAL REQUEST	<input type="checkbox"/> CHANGE
<input type="checkbox"/> CANCEL	

PRE AUTHORIZED AUTOMATIC DEPOSITS

I authorize CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT (CLPCCD) to initiate deposits (credits) and, if necessary, debit entries to adjust for any credit entries made in error, to the Bank account and the depository institution named below (DEPOSITORY).

DEPOSITORY NAME		TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BRANCH ADDRESS		TRANSIT/ABA NUMBER	
CITY	STATE	ZIP CODE	ACCOUNT NUMBER

For Verification purposes, please attach a voided check to this form.



This authority is to remain in full force and effect until CLPCCD has received written notification to terminate such authority.

Vendor ID#		
SIGNATURE	NAME	TITLE
TELEPHONE NUMBER	DATE	
E-MAIL ADDRESS		

What email address would you like us to send direct deposit advices _____