



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

ACH AUTHORIZATION AGREEMENT (Please TYPE)

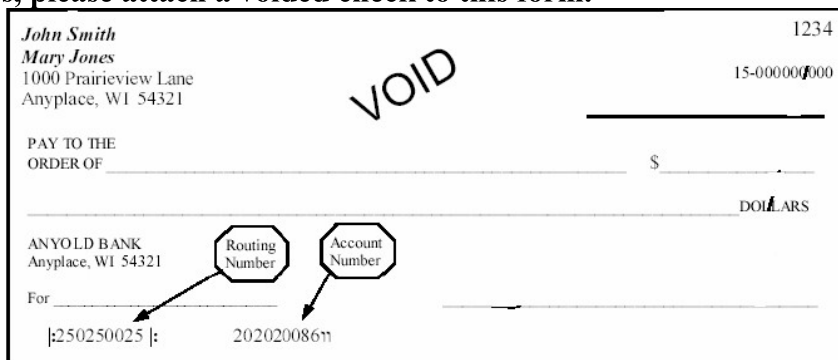
VENDOR / PAYEE NAME <input type="text"/>	LAST 4 DIGITS OF SSN/FEDERAL TAX ID <input type="text"/>
<input type="checkbox"/> INITIAL REQUEST	<input type="checkbox"/> CHANGE
<input type="checkbox"/> CANCEL	

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

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# <input type="text"/>	SIGNATURE		NAME	TITLE	DATE
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER <input type="text"/>	MAILING ADDRESS <input type="text"/>				

What Email address would you like us to send direct deposit advices