



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

ACH AUTHORIZATION AGREEMENT (Please TYPE)

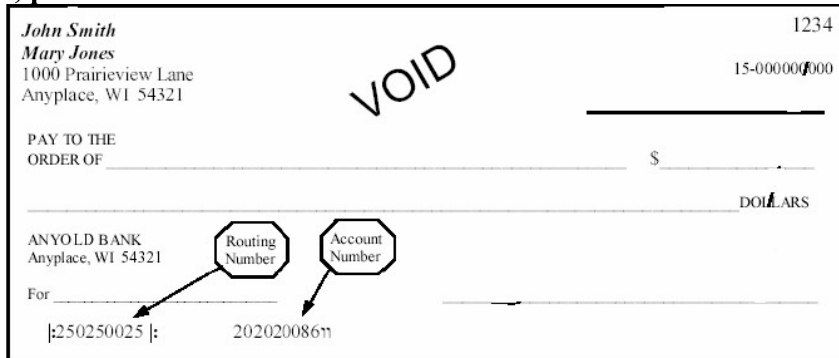
VENDOR / PAYEE NAME <input style="width: 90%;" type="text"/>	LAST 4 DIGITS OF SSN/FEDERAL TAX ID <input style="width: 80%;" type="text"/>
<input type="checkbox"/> INITIAL REQUEST	<input type="checkbox"/> CHANGE
<input type="checkbox"/> CANCEL	

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 style="width: 95%;" type="text"/>		TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
BRANCH ADDRESS <input style="width: 95%;" type="text"/>		TRANSIT/ABA NUMBER <input style="width: 95%;" type="text"/>	
CITY <input style="width: 80%;" type="text"/>	STATE <input style="width: 80%;" type="text"/>	ZIP CODE <input style="width: 80%;" type="text"/>	ACCOUNT NUMBER <input style="width: 95%;" 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 style="width: 95%;" type="text"/>		
SIGNATURE	NAME TITLE	DATE
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
TELEPHONE NUMBER <input style="width: 95%;" type="text"/>	MAILING ADDRESS <input style="width: 95%;" type="text"/>	

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