

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT
(ACH Credit)**

Name: _____ COCC ID: _____
Last First Middle

Phone: _____ COCC email: _____

Check One Only: * Payroll Accounts Payable **
(Travel and reimbursements)

Type of Request: New Replace Existing Direct Deposit

Name of Bank or Credit Union

Type of Account:

Routing number (9 digits)

Checking Account Savings Account

Account Number

Optional Distribution for Additional Payroll deposit:

Fixed Amount	Name of Bank or Credit Union	Account Number	<input type="checkbox"/> Checking
\$ _____	_____	_____	<input type="checkbox"/> Savings

Please attach a voided check or letter from your bank verifying the routing number and account number for the account(s) listed above.

I hereby authorize Central Oregon Community College to make the payments indicated above via direct deposit to my accounts listed in the financial institution named. I authorize the financial institution to accept any credit entries to the above account initiate by Central Oregon Community College. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. Law.

Signature: _____ Date: _____

This authorization is to remain in full force until revoked by employee

How to revoke your authorization:

Please stop my direct deposit with _____
Financial institution

Signature: _____ Date: _____

* A separate request must be sent to payroll and to accounts payable.

** A notification will be sent via COCC email for accounts payable reimbursements.