

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT  
(ACH CREDITS)**

**Name** \_\_\_\_\_ **ID Number** \_\_\_\_\_  
(please print) (Employee Number)

I hereby authorize **Coastal Alabama Community College**, hereinafter called **Company**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

\_\_\_\_\_ Checking Account                      \_\_\_\_\_ Savings Account

(Select One)

indicated below and the depository named below, hereinafter called **Financial Institution**, to credit and/or debit the same to such account.

**Amount \$** \_\_\_\_\_  
Please indicate "Full amount" if this is the only account

**Financial Institution** \_\_\_\_\_

**Branch** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing (Transit) No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such manner as to afford **Company** and **Financial Institution** a reasonable opportunity to act on it.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

\*\*\*\*Please attach a voided check or statement from your bank (with the routing and account numbers) to this form.  
\*\*\*\*One account per form