

**Direct Deposit Agreement Form**

Authorization Agreement

I hereby authorize **Clackamas Community College** to initiate automatic deposits to my financial account at the financial institution names below. I also authorize the College to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Clackamas Community College responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Clackamas Community College receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department

In addition, I agree to be enrolled in the Clackamas Community College On-line Pay Advice program. This agreement will remain in effect unless Clackamas Community College receives the On-line Pay Advice – Opt Out form.

**Check one:**  **New**  **Change**  **Cancellation Today’s Date**:

Primary Account Information

Name of Financial Institution:

Choose One: ☐ Checking ☐ Savings

Amount to Deposit: Routing #: Account #

(If 100%, please note “Net Pay”)

Additional Account (Optional)

Name of Financial Institution:

Choose One: ☐ Checking ☐ Savings

Amount to Deposit: Routing #: Account #

(Must be flat amount)

### Signature

|  |
| --- |
| Signature |

Please complete additional form(s), if more than one additional account is desired, completing only the Additional Account portion of the form. Please note: Forms received after the 15th of the month will be processed the following month. Confirmation and Submission Option~~s~~

**Print Name: Signature: Colleague ID or SS#:\_**

Voided Check Here

Not mandatory but preferred

If you have any questions please contact

Michelle Dodgion in payroll at 503-594-3092 or email: mdodgion@clackamas.edu