



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

ACCOUNTS PAYABLE
3401 CSM DRIVE, SAN MATEO, CA 94402
TELEPHONE: (650) 574-6505 FAX: (650) 574-6574

ACH AUTHORIZATION AGREEMENT (Please TYPE)

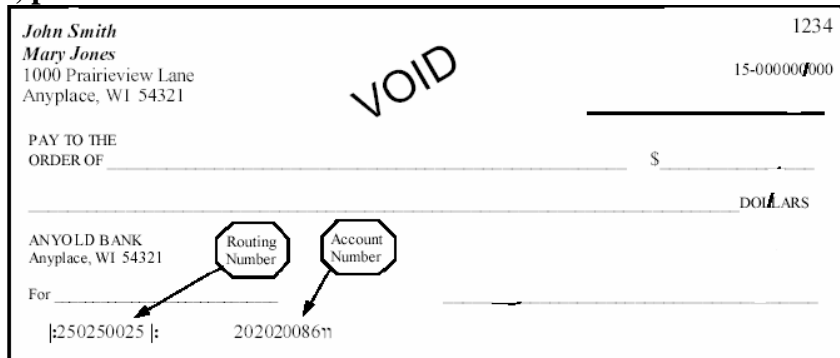
VENDOR / PAYEE NAME	FEDERAL TAX ID NUMBER/SOCIAL SECURITY NUMBER
<input type="checkbox"/> Initial Request	<input type="checkbox"/> Change <input type="checkbox"/> Cancel

PRE AUTHORIZED AUTOMATIC DEPOSITS

I (WE) hereby authorize SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT, hereinafter called SMCCCD, to initiate deposits and, if necessary, debit entries to adjust for any credit entries made in error to my (our) Bank account and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

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

For Verification purposes, please attach a voided check to this form.



This authority is to remain in full force and effect until SMCCCD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SMCCCD and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE	NAME(S)	TITLE	DATE
SIGNATURE	NAME(S)	TITLE	DATE
TELEPHONE NUMBER	E-MAIL ADDRESS		