ID #: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize COUNTY COLLEGE OF MORRIS, hereinafter called the COLLEGE, to initiate credit entries to my **Checking** and/or **Savings Account(s)**, indicated below, at the entity named below, hereinafter called DEPOSITORY.

EMPLOYEE NAME: _____

BANK or DEPOSITORY NAME: _____

TRANSIT/ABA #: _____ ACCOUNT #: _____

AMOUNT TO DEPOSIT: $ _____ ☐ **CHECKING** ☐ **SAVINGS** [Specify Type]

BANK or DEPOSITORY NAME: _____

TRANSIT/ABA #: _____ ACCOUNT #: _____

AMOUNT TO DEPOSIT: $ _____ ☐ **CHECKING** ☐ **SAVINGS** [Specify Type]

BANK or DEPOSITORY NAME: _____

TRANSIT/ABA #: _____ ACCOUNT #: _____

AMOUNT TO DEPOSIT: $ _____ ☐ **CHECKING** ☐ **SAVINGS** [Specify Type]

This authority is to remain in full force and effect until the COLLEGE has received written notification from me of its termination in such time and in such manner as to afford the COLLEGE and DEPOSITORY a reasonable time to act on it.

DATE: _____ ID No: _____

SIGNED: _____

NOTE: Direct Deposit Authorization Agreements that are received incomplete and/or without the required documents will be returned to the individual for completion, with no action taken until such time as a complete agreement is received.

MUST ATTACH A VOIDED CHECK FOR EACH ACCOUNT ABOVE *or* YOUR BANK'S DIRECT DEPOSIT FORM

(Voided checks or Bank forms provide the information required to establish your payment via Direct Deposit and are required)

To ensure that my account is properly credited, I have attached a voided check or my bank's form for each account listed above where the net amounts will be deposited.

Please note that a deposit slip does not supply accurate information for direct deposit