



Jackson Community College

Authorization for Automatic Deposits

The undersigned hereby authorizes Jackson Community College to make deposits from time to time into the account identified below, and authorizes the below-named financial institution to accept such deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments will be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is give to the College, in such time and such manner as to afford the College and financial institution a reasonable opportunity to act on it.

Financial Institution _____

City _____

State _____

Bank Transit / ABA# / Routing # _____

(Must have to complete your request)

Account Information

Account Number _____
 Checking Savings

Deposit Amount: \$ _____

Account Number _____
 Checking Savings

Deposit Amount: \$ _____

Account Name: _____
(If joint account or if in name other than undersigned)

Signature of Authorizing Party

Printed Name of Authorizing Party

Employee ID

Employee Address

Date

City, State and Zip