

AUTHORIZATION AGREEMENT FOR DEBIT WITHDRAWAL

- I hereby authorize the **San Diego Community College District** to initiate debit entries to my Checking account, indicated as the depository named below and to debit the same account.

Depository Name	
Routing Number (numbers on the left)	Account Number (numbers on the right)

This authority is to remain in full force and effect until the San Diego Community College District has received written notification from me (or one of my heirs) of its termination in such time and manner as to afford the District and above depository a reasonable opportunity to act on it.

* PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM.

Name (please print)	
Signature	Date

For Office Use Only

Account #	Effective Date	Amount \$
QB	Debit	Initials

DISTRIBUTION: WHITE – SDCCD YELLOW – ACCOUNT HOLDER

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