



Lehigh Carbon

COMMUNITY COLLEGE

4525 Education Park Drive
Schnecksville, PA 18078-2502

610-799-1738
610-799-1566 (fax)
www.lccc.edu

VENDOR DIRECT DEPOSIT FORM AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (DEBITS) | (CREDITS)

COMPANY NAME _____

COMPANY ADDRESS _____

COMPANY CONTACT _____ PHONE _____

E-MAIL ADDRESS TO RECEIVE NOTIFICATION _____

I (we) hereby authorize Lehigh Carbon Community College to initiate **debit** **credit** entries (select one) to my (our) **Checking Account** **Savings Account** (select one) indicated at the depository financial institution noted below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

FINANCIAL INSTITUTION NAME

(Name of bank where customer has account)

CITY

ROUTING NUMBER

FINANCIAL INSTITUTION ADDRESS

STATE

ZIP CODE

CUSTOMER'S ACCOUNT NUMBER

This authority will remain in full force and effect until COMPANY receives notification from the undersigned of its termination in time for COMPANY to reasonably comply with the notification. COMPANY will provide the undersigned with a copy of this Authorization Agreement upon request.

NAME OF AUTHORIZED CUSTOMER *(Please Print)*

SIGNATURE

DATE

NOTE: IN ORDER TO REVOKE AUTHORIZATION, CUSTOMER MUST PROVIDE WRITTEN NOTIFICATION TO THE ORIGINATOR.