ACH Enrollment Form/Change Form

for reimbursement and/or vendor payment

Orange Coast College's ACH payment program simplifies payments and reimbursements by directly depositing them into your checking or savings account. Please complete this form and attach account verification, such as: a voided check if choosing a checking account, or a deposit slip if choosing a savings account.



Email: Scan the completed form and a voided check or deposit slip and email to: occaccounting@cccd.edu



Bring it in person to the Bursar's office located in the College Center



Mail: Orange Coast College Attn: Bursar's Office 2701 Fairview Rd., Costa Mesa, CA 92626

Please fill out the required information below:

Financial Institution N	ame:		
ABA/Routing No.* : _			
Account No.**:			
Type of Account:	Checking	Savings	FOR
Check the approp	riate box. if app	* First grouping of nine ** Second grouping of numbers numbers printed at the printed at the bottom of your	

neck the appropriate box, it applicable

New Account

This is my first time enrolling

Change Account Information

I am/we are currently enrolled in the direct deposit program but wish to designate a different bank account.

Discontinue Participation

I/we wish to discontinue participation in the direct deposit program effective immediately.

By signing below, I hereby authorize Orange Coast College to deposit any amounts owed to me by initiating credit entries to my account at the financial institution indicated on this form and to initiate adjustments, if necessary, for any entries made in error.

		V Checklist
Name		
		☐ Have you attached a voided check
Business Name (if different than above)		if choosing a checking account or a deposit slip if choosing a savings account? This eliminates potential
Phone Number	Email Address (required)	errors in properly recording your bank account information.
Date	Business Unit Number	Have you completed all required information?
Signature		☐ Have you signed the form?



