Carolina Conference of SDA

Authorization Agreement for Direct Payroll Deposit(s)

(Please clearly print your name as it appears on your bank account) Email Address: (Please provide email address to receive paystub by email)			
		credit entries to my account(s) indicated	nce (hereinafter called the CONFERENCE) to initiate or change below and the depository(s) named below to credit the same such de to my account in error, I authorize the Conference to make a I am notified of said adjustment.
			rization is to remain in full force and effect until the Conference has of its termination, or until such time as I complete and sign a <i>ll Deposit</i> that modifies this agreement.
Conference if I close or change bank ac Conference harmless for checks that m written notification.	y responsibility to provide <u>timely</u> written notification to the counts or wish to discontinue this agreement, and I hold the lay be misdirected because of my failure to timely make said		
Employee Signature	Date		
	Depository Information		
(1) If you want your entire payroll che line #1 shown below.	eck deposited to one account, please write "Total Net Check" on the		
Bank Name:	Routing Number		
Account Number	Amount (line #1) \$		
	sited into two accounts, list a dollar amount on the line #2 below and ted into the first bank account shown above (line #1). Routing Number		
Account Number	Amount (line #2) \$		
Plea	se attach voided check(s)		