

Direct Deposit Authorization Agreement

Northern California Conference of Seventh-day Adventists

Begin Deposits Change or Add Account Cancel Deposits Decline Direct Deposits

Name (please print) _____

Phone _____

Attach document here

If you cannot attach the document please send the correct form or document on another sheet.

Please Note:

Only a voided check or a Start Direct Deposit form printed by your bank can be used to begin your deposits.

Handwritten forms cannot be processed and will not be accepted.

1. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____
2. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____
3. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____
4. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____

Please Note: It may take 1-2 pay cycles for your new direct deposit enrollment to go into effect. Until then, you will receive your pay as a paper check mailed to the mailing address we have on file for you.
This also applies if you are changing bank accounts or adding a new account.

Your direct deposit pay slips will be emailed to the email address we have on file for you. If you need help accessing your pay slips, please contact the Payroll department at payroll@nccsda.com or (916) 886-5600 ext. 229.

By submitting this form, I authorize the **Northern California Conference of Seventh-day Adventists** to initiate credits and/or corrections to previous credits to the financial institutions listed. This authorization will remain in effect until I give written notice to the Northern California Conference of Seventh-day Adventists to change or terminate this authorization.

Employee signature _____ Date _____

Please return this form to Human Resources at HR@nccsda.com.