

Direct Deposit Authorization Agreement

Northern California Conference of Seventh-day Adventists

Begin Deposits Change Information Add Account Cancel Deposits

Name _____

Best Contact info: Phone Cell Email _____

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, Direct Deposit Start Form** from your check book, or **a Form printed by the bank** will start a Direct Deposit. **We can not use hand written forms.**

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

Your direct deposit pay slips will be emailed to your conference e-mail account. If you do not wish to receive your direct deposit pay slip by e-mail please mark the box below.

I do NOT want my direct deposit slip emailed to my conference email. I want it mailed to the mailing address on file.

NOTE: It may take 1-2 payrolls for your new direct deposit enrollment to go into effect. Until then, you will receive your money via paper check mailed to the mailing address we have on file for you. The same applies if you are changing bank accounts.

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

Employee signature _____ Date _____