

Direct Deposit Application Form

AUTHORIZATION AGREEMENT

Florida Conference of Seventh-day Adventists

Employee Name: _____
(please print)

Employee SS#: _____ Position: _____

YES! Please sign me up for Direct Deposit of Payroll. I authorize my employer to deposit my paycheck each payday directly into the account named below. This authority will remain in force until I have given written notice that I have terminated it or until my employer has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my written instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my employer/financial institution to make the appropriate adjustment.

Checking Account OR Savings Account
(please select one)

Financial Institution _____

Account No. _____ Transit/ABA No. _____

A voided check MUST be attached with this form

It will be determined by the Payroll Officer when all Direct Deposits will be in effect.

I acknowledge all above information to be true and give the Florida Conference permission to access my bank account(s) for the purpose of Direct Deposit and necessary adjustments.

Signature _____ Date _____

Change Request

Please change my direct deposit banking account to the new account as indicated above. I have attached an updated voided check.

Please STOP direct deposit of my paycheck and send it to my home address.

Signature _____ Date _____