

**SOUTHEASTERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS
AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL**

Employee Information

Name _____ Social Security Number (Last 4 only) or PR ID _____

Email Address _____ Effective Date _____

This address will be used for distribution of pay stub.

Primary Account — *This is the account where your entire paycheck or the balance is deposited after the % or \$ amount is deducted from the second and third accounts as listed below.*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NET PAY
	<input type="checkbox"/> Checking	Account Number _____	
	<input type="checkbox"/> Savings	Name of Banking Institution _____	
		Bank Office/Branch _____	

Second Account — *Optional — % or \$ Amount*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Select One: _____% \$ _____
	<input type="checkbox"/> Checking	Account Number _____	
	<input type="checkbox"/> Savings	Name of Banking Institution _____	
		Bank Office/Branch _____	

Third Account — *Optional — % or \$ Amount*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Select One: _____% \$ _____
	<input type="checkbox"/> Checking	Account Number _____	
	<input type="checkbox"/> Savings	Name of Banking Institution _____	
		Bank Office/Branch _____	

Please include a voided check/deposit slip or bank direct deposit form when possible.

I authorize Southeastern California Conference to direct deposit funds to my account(s) in the financial institution(s) listed above. This includes my authorization to correct entries made in error through reversals of deposits. If any of the information above changes, I will complete a new authorization agreement. If I wish to revoke this authorization, I will do so in writing.

Employee Signature _____

Date _____