



EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS

I (we) hereby authorize the Arizona Conference of Seventh-day Adventists to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) checking or savings account.

This authority is to remain in full force and effect until you have received written notification from the conference of its termination.

Name: _____

Signature: _____ Date: _____

Account Type: _____ Checking or _____ Savings

Institution/Bank Name: _____

Email Address: _____ (needed for sending paystub)

Attach a Voided check below or attach your bank's Direct Deposit Set-up Form:

NAME ADDRESS CITY, STATE ZIP	0123 01-2345/6789	
DATE _____		
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
_____	DOLLARS	
BANK NAME ADDRESS CITY, STATE ZIP		
FOR _____		
⑆012345678⑆	01234567890123⑆	0123
Bank Routing Number	Bank Account Number	Check Number