

**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 _____	

I hereby authorize Southeastern California Conference to direct deposit funds to my account(s) in the financial institution(s) listed above. If any of the information listed above changes, I will promptly complete a new authorization agreement. If I wish to revoke this authorization, I will do so in writing.

Employee Signature _____

Date _____