

**SOUTHERN 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 <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number _____ Account Number _____ Name of Banking Institution _____ Bank Office/Branch _____	<b>NET PAY</b>
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**Second Account** — *Optional* — % or \$ Amount

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

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