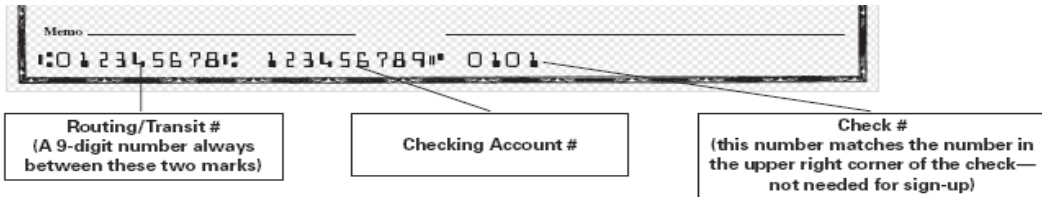




Employee Direct Deposit Authorization Form

To authorize Direct Deposit, simply fill out this form and return it to the payroll office. Attach a voided check for each checking account – not a deposit slip. If depositing into a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT: Please read and sign before completing and submitting.

I hereby authorize The (name of church) _____ of the Spanish Eastern District of the Christian and Missionary Alliance, either directly or through its payroll service provider, to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by The (name of church) _____ of the Spanish Eastern District of the Christian and Missionary Alliance, either directly or through its payroll service provider, to my account. In the event that The (name of church) _____ of the Spanish Eastern District of Christian and Missionary Alliance deposits funds erroneously into my account, I authorize The (name of church) _____ of the Spanish Eastern District of The Christian and Missionary Alliance, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until The (name of church) _____ of the Spanish Eastern District of The Christian and Missionary Alliance and Bank have received written notice from me of its termination in such time and in such manner as to afford The (name of church) _____ of the Spanish Eastern District of The Christian and Missionary Alliance and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

The last item must be for the remaining amount owed to you. Be sure to indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing/Transit#: _____ Account Number: _____

Checking Savings Other I wish to deposit \$ _____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit#: _____ Account Number: _____

Checking Savings Other I wish to deposit \$ _____ or Entire Net Amount

Payroll Department
The (name of church) _____ of the Spanish Eastern District