

# AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I hereby authorize the Kansas-Nebraska Conference of Seventh-day Adventists and my bank, named below, to automatically deposit my payroll check into my account listed below (this includes my authorization to correct entries made in error and requested payroll advances). This authorization will remain in effect until I give written notice to cancel it.

Employee Name

Bank Name

Routing Number

Account Number

Account Type

Checking      Savings

Employee Signature

Date

Please include a copy of a voided check or a printout from your bank with your account information on it. **Do not include a deposit slip as it does not contain all the necessary information.**