

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Western Washington Corporation of Seventh-day Adventists D/B/A
Washington Conference of Seventh-day Adventists Tax Identification Number: 91-0644803

I hereby authorize Washington Conference of Seventh-day Adventists, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME: _____

BANK PHONE: _____

ROUTING NO. _____ ACCOUNT NO. _____

Deposit entire check

Deposit a specific amount each month: \$ _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I authorize the Washington Conference of Seventh-day Adventists to create an Employee Online Account for me through Adventist Personnel. Through this account I will receive access to all pay slips, W2 documents, accrual balances, and personal information.

EMAIL ADDRESS:

(Please print very clearly)

NAME _____

(Please Print)

SIGNED X _____ DATE _____

ENCLOSE COPY OF VOIDED CHECK