



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize ARKLA CONFERENCE OF SDA to make deposits in the account identified below at _____ (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized.

This authorization will remain in effect until written notice of termination is given to the Arkla Conference.

Name of authorizing Person (Print)	Account	X	Type of Account	Effective Date
	New			
	Change		{ } Savings	
Name of DFI	DFI's Routing & Transit No.		Account No.	
Employee's Address	City		State	Zip Code
_____ Signature of Authorizing Person			_____ Date	

PLEASE ATTACH VOIDED CHECK TO THIS AUTHORIZATION

VOIDED CHECK HERE