



South Central Conference of SDA

AUTHORIZATION FOR DIRECT DEPOSIT

(Please note: requests can take up to thirty days to process)

Name _____ Last 4 digits SSN# _____

Current Address _____

City/State/Zip _____

Email Address _____ Cell Phone # _____

I hereby authorize South Central Conference of Seventh-day Adventists to initiate Direct Deposit entries to my checking/savings accounts at the Financial Institution listed below and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment from the South Central Conference.

Signature: _____ Date: _____

Account Information: If you are splitting your deposit between 2 different accounts, please specify how much, or what percentage you would like to go in each account.

Financial Institution: _____
Account Type: Q Checking Q Savings Amount _____

Routing Number

Account Number

Financial Institution: _____
Account Type: Q Checking Q Savings Amount _____

Routing Number

Account Number

Please attach a voided check below, sign and mail to:

or Fax to:

South Central Conference of SDA
Attn: Payroll
715 Youngs Lane
Nashville, TN 37207

615-226-9837
Attn: Payroll

----- PLEASE TAPE (do not staple) Your Voided Check Here -----

