

DIRECT DEPOSIT PAYROLL AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

Employee Name: _____ Social Security No: _____

I hereby authorize the Oregon Conference of Seventh-day Adventist to initiate credit entries to my checking or savings account indicated below, and the depository named below to credit the same to such account.

Account #1

Account #1 Type (Check One): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposit to This Account

ACCOUNT #2

Account #2 Type (Check One): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposit to This Account

Please attach a voided check for each account here.

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

Signature

Date

I wish to receive my pay stubs by (Choose one):

Email

Mail

If you elect to receive your pay stubs by email, please write on the line above (legibly) the email address you wish to use.

Fax to: Attn: Payroll department @ 503-850-3415 or email to payroll@oc.npuc.org

Mail to: Oregon Conference Attn: Payroll Department, 19800 Oatfield Road Gladstone, OR 97027