

**LAKE REGION CONFERENCE
DIRECT DEPOSIT AUTHORIZATION FORM**

New Agreement

Change Account

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Lake Region Conference to credit my account with the Financial Institution indicated below and, if necessary, to debit same account in the event of overpayment or error. I understand this authorization is for payroll.

Select One: Checking Account Savings Account

Financial Institution:
Name/Branch _____

City _____ State _____ Zip Code _____

Routing/ABA No. _____ Account No. _____

Employer: _____

Name: _____ Soc. Sec. No. _____

Date _____ **Signed** _____

Attach **voided check** for **checking accounts** OR **savings deposit slip** for **savings accounts**
(Please do not give a deposit slip for checking accounts, most checking account deposit slips do not provide the routing number)

Form will not be processed without information below

J. A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____		\$
MEMO _____		_____ DOLLARS
_____ X _____		
: 123456789 : 11484620040 ▪		3680

Routing/ABA No.

Account No.

Check No.