

**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** **OR** a **bank provided direct deposit form**.

(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 _____	<b>3680</b>
PAY TO THE ORDER OF _____		\$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>
MEMO _____		_____ DOLLARS
: 123456789  : 11484620040   ▪		<b>3680</b>

Routing/ABA No.

Account No.

Check No.