

SALVATION ACADEMY

DIRECT DEPOSIT FORM

This authorises SALVATION ACADEMY to send credit entries (and appropriate debit adjustment entries electronically or by any other commercially accepted method to my account(s) indicated below and to other accounts I (we) identify in the future (the accounts) This authorizes the financial institutions holding the accounts to post all such entries into:

Account #1 _____ Account Type: _____ Checking Saving:

Employee Bank Name: _____ Branch: _____

City _____ State: _____ Country: _____

Bank Routing Number: _____ Account Number: _____

Account #2 _____ Account Type: _____ Checking Saving:

Employee Bank Name: _____ Branch: _____

City _____ State: _____ Country: _____

Bank Routing Number: _____ Account Number: _____

This authorization will be in effect until the company receives a written termination notice from myself and has reasonable opportunity to act on it

SIGNATURE _____ EMPLOYEE NAME: _____

EMPLOYEE ID NUMBER _____ DATE: _____

This document must be signed by the employee requesting automatic deposit of paychecks and retained on file by the employer.