

# Allegheny West Conference of Seventh-day Adventists Authorization for Direct Deposit

<b>Name:</b>	<b>SSN:</b> _____ - _____ - _____
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I hereby authorize Allegheny West Conference of Seventh-day Adventists (AWC) to initiate credit entries to my [  ] **Checking Account** (Attach Voided Check) or [  ] **Savings Account** (Attach Deposit Slip) indicated below and the depository named below to credit the same to such account.

<b>Depository Financial Institution:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Routing &amp; Transit No.</b>	<b>Account No.</b>	

**VOIDED CHECK OR DEPOSIT SLIP HERE**

Disclaimer and Signature	
<b>Disclaimer</b>	This authorization is to remain in full force and effect until AWC has received written notification from me of its termination in such time and in such manner as to afford AWC and the Depository mentioned above a reasonable opportunity to act on it. I understand that (30) days notice in writing, to AWC is required if I change banks and/or accounts.
<b>Employee Signature</b>	
<b>Date</b>	