

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I authorize Louisville Seminary to begin automatic payroll deposits to the following account(s).

Name on Account

Bank Name

RDFI transit/routing #

Account #

Please attach voided check. (Cannot accept a deposit slip.)

If you wish to deposit funds in a second account, please give the information below, as well as the amount to be credited to the account.

Name on Account

Bank Name

RDFI transit/routing #

Account #

Amount _____

To provide the best service to you and to meet our bank's deadlines, we ask that if you need to make changes to routing and account numbers, you may do so annually.

Employee Signature

Date