

MONTANA CONFERENCE of SEVENTH-DAY ADVENTISTS

Direct Deposit Authorization Agreement

Name _____		Social Security # _____
Mailing Address _____		Home Phone # _____
City _____		Work Phone # _____
State _____	Zip Code _____	Cell Phone # _____

Bank 1 Name _____ Checking Account Savings Account

Bank Routing # _____ Bank Checking or Savings Account # _____

To be deposited into Bank 1: \$ _____ Amount or _____ Percent

Bank 2 Name _____ Checking Account Savings Account

Bank Routing # _____ Bank Checking or Savings Account # _____

To be deposited into Bank 2: \$ _____ Amount or _____ Percent

I authorize the Montana Conference of Seventh-day Adventists to make deposits to my bank account(s). In the unlikely event of a deposit error, I authorize them to make adjustments to

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK(S) BELOW



↑
Bank Routing Number

↑
Bank Account Number