

# **SOUTHERN NEW ENGLAND CONFERENCE**

## **AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSITS**

*Please attach a voided check and sign this form. If you do not have a check, please print names & numbers clearly. Double-check that your information is correct.*

Employee's Name\_\_\_\_\_

Bank Name \_\_\_\_\_

ABA Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Email Address\_\_\_\_\_

I hereby authorize Southern New England Conference to deposit my net pay at the financial institution named above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***\*If you do not fill this form, we will understand that you prefer a paper check.***