

Northern New England Conference

Direct Deposit Request Form

Employee Name: _____

Information Required for Direct Deposit:

Financial Institution's Name: _____

Financial Institution's Routing & Transit Number (ABA # 9 digits) _ _ _ _ _

Name(s) on your account: _____

(ex: John and Harriet Smith - list both husband and wife if joint account.)

Financial Institution's Account Number: _____

Type of Account: Checking/Draft _____ Savings/Share _____

Employee Email Address: _____

Authorization:

I authorize the treasury department of the Northern New England Conference of SDAs to make payroll direct deposits to the above named account.

Employee Signature: _____ Date: _____