



POTOMAC CONFERENCE CORPORATION
Human Resources
 606 Greenville Avenue, Staunton, VA 24401
 Office (540) 886-0771 | Fax (540) 904-0722
<http://www.pcsda.org>

**AUTHORIZATION FOR DIRECT
DEPOSIT**

COMPANY NAME _____

COMPANY ID NUMBER _____

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate credit entries to my (our) Checking Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NUMBER _____ ACCOUNT NUMBER _____

This authority is to remain in full force and effect until COMPANY has received written notification from (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act on it.

NAME(S) _____

ID NUMBER _____

SIGNATURE(S) _____ DATE _____

attach cancelled check