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

AUTOMATIC DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Primary Account – Your entire paycheck or the balance is deposited after the % or $ amount is deducted from the second and third accounts.

Select One:	Account Type		
[ ] New [ ] Change	[ ] Checking [ ] Savings	Routing Number _____ Account Number_____ Bank Name _____ Bank Office/Branch_____	**Net Pay**

Second Account – Optional - % or $ Amount Please ATTACH VOIDED CHECK or BANK AUTHORIZATION

Select One:	Account Type		
[ ] New [ ] Change	[ ] Checking [ ] Savings	Routing Number _____ Account Number_____ Bank Name _____ Bank Office/Branch_____	Select One: _____% $_____ *(FT Only)*

Third Account – Optional - % or $ Amount Please ATTACH VOIDED CHECK or BANK AUTHORIZATION

Select One:	Account Type		
[ ] New [ ] Change	[ ] Checking [ ] Savings	Routing Number _____ Account Number_____ Bank Name _____ Bank Office/Branch_____	Select One: _____% $_____ *(FT Only)*

I (we) hereby authorize **Potomac Conference Corporation of Seventh-day Adventists** hereinafter called COMPANY, to initiate credit entries to my (our) account(s) indicated above, and the depository financial institution(s) named above, 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.

This authority is to remain in full force and effect until COMPANY has received written notification from me (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. If monies to which I am not entitled are deposited to my account, I authorize COMPANY to return those funds. By signing below, you are also agreeing to have your paystub emailed to you.

Name(s) (Print): _____

Signature(s): _____ Date: _____

Email: _____