

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSITS

I hereby authorize The Southern Baptist Theological Seminary to initiate credit entries for the net amount of my earnings in my account indicated below and the bank named to credit the same to such account.

Bank Name _____

City _____ State _____

Complete **ONE** of the following:

Checking Account Number _____

Savings Account Number _____

I understand that at initial employment or any bank changes made thereafter, my first pay will be issued to me directly in CHECK form so that bank records may be properly documented.

Signed _____

Date _____

Campus ID # _____

How are you paid? (Circle one) Monthly Biweekly

Is this for a: New Appointment Change of Bank

ATTACH A VOIDED BLANK CHECK BELOW

Please note: We **MUST** have 15 days prior notice for any bank changes that you wish to make. This is the necessary time to test the direct deposit as required by the Federal Reserve System.