

FW-704 SAFE HARBOR DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

I hereby authorize Safe Harbor Church to initiate automatic deposits to my account at the financial institution named below. I also authorize Safe Harbor Church to make withdrawals from this account in the event that an entry is made in error.

Further, I agree not to hold Safe Harbor Church responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Safe Harbor Church receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION

ROUTING NUMBER

ACCOUNT NUMBER

CHECKING

SAVINGS

Signatures

PRINT NAME

DATE

AUTHORIZED SIGNATURE (PRIMARY)

DATE

AUTHORIZED SIGNATURE (JOINT)

DATE

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND RETURN THIS FORM TO THE PAYROLL DEPARTMENT.