



AUTHORIZATION AGREEMENT AUTOMATIC PAYROLL DEPOSITS

I _____, hereby authorize **Cross Church** or **Shiloh Christian School** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

(Financial Institution Name) _____ (**Employee Email Address**)

(Routing Number) _____ (Account Number)

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until Shiloh Christian has received written notification from me (or either of us) of its termination in such time and manner as to afford Cross Church or Shiloh Christian and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM