

First United Methodist Church
72 Lake Morton Drive
Lakeland, FL 33801

APPLICATION FOR DIRECT DEPOSIT

You may choose up to three accounts – your last account must be for the remaining amount owed to you.

Last Name	First Name	Social Security Number
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FIRST UNITED METHODIST CHURCH

Company Name	Date
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BANK IDENTIFICATION

A. Bank Transit or Routing Number: _____

Account Number: _____ Checking Savings

I wish to deposit: \$ _____ (or) Entire Amount

B. Bank Transit or Routing Number: _____

Account Number: _____ Checking Savings

I wish to deposit: \$ _____ (or) Entire Amount

C. Bank Transit or Routing Number: _____

Account Number: _____ Checking Savings

I wish to deposit: \$ _____ (or) Entire Amount

Attach a voided check for each account designated above and return to the Financial Services (HR) dept.

I hereby authorize First United Methodist Church to deposit any amounts owed to me automatically to the financial institution(s) names above. Further, I authorize my Bank to accept and in the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Signature	Date
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