

AUTHORIZATION For DIRECT DEPOSITS-Employee Form

This authorizes Grace Community Fellowship Church-Brenham to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the Account to post all such entries. Please attach a cancelled check with this form.

Account#1

Account Type (e.g. Checking or Savings) _____
Employee Bank Name _____
City, State _____
Account Number _____
Bank Routing Number _____

Account#2

Account Type (e.g. Checking or Savings) _____
Employee Bank Name _____
City, State _____
Account Number _____
Bank Routing Number _____

This authorization will be in effect until GCF Brenham receives a written termination notice from myself and has a reasonable opportunity to act on it.

Employee Signature _____ Date _____

Printed Name _____ Email address _____