

TOM J. HULL AND COMPANY
818-998-0919, Ext 113
818-709-8728 Fax

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Tom J. Hull and Company, as ACH originator to initiate credit entries to my account below. This includes authorization to correct any entries made in error. This authorization will remain in full force until the originator has received written notification from me rescinding it and allowing sufficient time to act. Further, I agree to reimburse originator in the event of non-payment by my employer.

You will continue to receive a regular paycheck until the change can be processed in approximately two weeks. You will receive a notice from your bank confirming the accuracy of the following information.

EMPLOYER NAME: LUTHERAN RETREATS CAMPS AND CONFERENCES 4573

AMOUNT DEPOSITED: _____

EFFECTIVE DATE: _____

EMPLOYEE NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

SPECIAL INSTRUCTIONS: _____

SIGNATURE DATE: _____

EMPLOYEE SIGNATURE: _____

PLEASE CHECK ONE:

- CHECKING ACCOUNT
- SAVINGS ACCOUNT

ATTACH A COPY OF YOUR CHECK HERE
(Please do not use a deposit slip)