Dear Vendor,

In an ongoing effort to improve our services, Presbyterian Church (USA) Accounts Payable Department is pleased to offer a Direct Deposit program to anyone who now receives a paper check from us. By enrolling in the Direct Deposit program, your payments from Presbyterian Church (USA) will be deposited directly into your bank account. This process ensures timely payments and increased efficiency including elimination of delayed and/or lost checks. For your convenience, when we make a payment we will send an email communication to alert you of the direct deposit. You will receive this email communication from reportsafe@pcusa.org. Please add this address to your safe senders list to avoid it being blocked or filtered to your junk mail.

To enroll in this program, please complete and sign the form on the flip side of this page — Direct Deposit Authorization Form — and attach either a voided check or original bank authorization letter. You may send your authorization form to the address or fax number below (emailed forms will not be accepted):

Presbyterian Church (USA)
Attn: Accounts Payable Dept.
100 Witherspoon St
Louisville, KY 40202

Fax: (502) 333-7578

If you have any questions about this program or attached form, please contact Terri Milburn at (502) 569-5578 or at terri.milburn@pcusa.org.

Thank you!
ACCOUNTS PAYABLE
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Presbyterian Church (USA), hereinafter called COMPANY, 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 depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository (Bank) Name __________________________
Routing Number _________________________________
Account Number _________________________________

☐ Savings
☐ Checking

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (we) will receive written notice from the COMPANY of the amount credited to my (our) account.

Name(s) ____________________________ Signed ____________________________
                          ____________________________
                          Signed ____________________________
                          Date ____________________________

Email Address
(you will receive an email from reportsafe@pcusa.org each time a direct deposit is made to your account. Please add this address to your safe senders list to avoid the email being blocked or filtered to your junk mail)

Forward original form to Accounts Payable Department – room 6607 100 Witherspoon St Louisville, KY 40202
Or by fax to (502) 333-7578

Please attach a VOID CHECK below, not a deposit slip.
A letter from the bank providing the account name, account number and routing number may be used in place of a void check.

ATTACH VOID CHECK HERE