



FLORIDA CONFERENCE *of* SEVENTH-DAY ADVENTISTS

PAYROLL DEDUCTION AUTHORIZATION

Personal Information

Name: _____

Email: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Loan Information

Loan Amount: _____

Payment Deduction Amount (if known): _____

Payment Deduction Start Date (if known): _____

Name of Financial Institution: _____

Authorization (Signature): _____

Date Signed: _____

Mail the Form To:

Florida Conference of SDA

Attn: **Nilda Rapert**

351 S. State Road 434

Altamonte Springs, FL 32714

OR

Email: nilda.rapert@floridaconference.com