

DIRECT PAYROLL DEPOSIT AUTHORIZATION

Please complete and return to the Payroll Department

THESE CHOICES APPLY TO ALL DIRECT DEPOSIT PAYMENTS

Employee#	
Pre-Note Date	
Direct Deposit Date	

Employee Name: _____ Date: _____

Please attach a voided check for each checking account listed. The number of bank accounts is limited to four.

Bank Routing #	Bank Name	Account Number	Checking	Savings	Amount
1.					
2.					
3.					
4.					

I authorize you and the institutions listed above to deposit my net pay automatically to my account(s) each payday. If funds to which I am not entitled are deposited to my account(s), I authorize you to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

SIGNATURE

Instructions:

Bank routing number can be obtained from the far left bottom corner of the check.

Please attach a voided check for each account listed.

Return this form to the Rectory as soon as possible. Your first paycheck may be a paper check due to processing time with the bank for direct deposit.

St. John's Catholic Church & School

DIRECT DEPOSIT EXAMPLE:

The direct deposit for a net pay of \$1000 would be as follows:

Bank Routing #	Bank Name	Account Number	Checking	Savings	Amount
1. 2568568222-1	SIGNET BANK	999-2345678		X	\$200.00
2. 295525522-252	ALLFIRST BANK	00-2535252252	X		\$800.00