



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Employee Information

Last Name _____ First Name _____ SSN _____

Street Address _____

City _____ State _____ Zip Code _____

Bank Information

Please attach a voided check or deposit slip for each account.

Bank Name _____	Account Type: Checking	Savings
Routing Number _____	Account Number _____	
Deposit Amount \$ _____	OR Percentage _____%	OR Entire Paycheck

Bank Name _____	Account Type: Checking	Savings
Routing Number _____	Account Number _____	
Deposit Amount \$ _____	OR Percentage _____%	OR Remainder

Bank Name _____	Account Type: Checking	Savings
Routing Number _____	Account Number _____	
Deposit Amount \$ _____	OR Percentage _____%	OR Remainder

I authorize the Diocese of Fort Wayne-South Bend to initiate credit entries to the account(s) indicated above. I further authorize debit entries and adjustments for any credit entries made in error to my account(s). This authorization is to remain in effect until changed by me in writing.

Signature _____

Date _____