

# Automatic Payroll Deposit

## Authorization Form

1. Fill in your name and the financial institution's name. Indicate whether your pay will be deposited into a checking or savings account. Do this for each account that you will use. You may use up to three different accounts.
2. Attach a **voided check** for verification of all financial institution information.
3. Be sure to sign the form.
4. Return to: **Business Manager/Bookkeeper** \_\_\_\_\_  
Parish \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_

I hereby authorize **ARCHDIOCESE OF LOUISVILLE** to initiate entries to my banking account(s) indicated below and the **FINANCIAL INSTITUTION** named below, hereinafter called **DEPOSITORY**, to credit the same to such account.

1. Depository Name: \_\_\_\_\_  
Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Bank Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_
2. Depository Name: \_\_\_\_\_  
Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Bank Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_
3. Depository Name: \_\_\_\_\_  
Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Bank Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

This authority is to remain in full force until **Business Manager/Bookkeeper** has received written notification from me of its termination in such time and in such manner as to afford **Business Manager/Bookkeeper** a reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Employee Social Security No.: \_\_\_\_\_ Date: \_\_\_\_\_