



Diocese of Raleigh
Direct Deposit Authorization Form

Employee Name _____

Bank Name _____

DO NOT HAND-WRITE ACCOUNT NUMBERS ON THIS FORM.

New Account

Change Account

Additional Account(s)

For more than one account, submit separate forms.

DEPOSIT AMOUNT: ENTIRE PAYCHECK OR Amount: \$ _____ Percentage of deposit _____ %

DEPOSIT ACCOUNT:

Deposit to **Savings** Account

FOR DIRECT DEPOSIT TO SAVINGS ACCOUNT, OBTAIN A FORM FROM THE BANK WITH YOUR CORRECT ACCOUNT INFORMATION FOR DIRECT (ACH) DEPOSIT. DO NOT USE A PRE-PRINTED DEPOSIT SLIP.

Deposit to **Checking** Account

FOR DEPOSITS TO CHECKING ACCOUNT, ATTACH A VOIDED CHECK IN THE SPACE PROVIDED BELOW. DO NOT USE A DEPOSIT SLIP. A bank letter or form may be submitted in lieu of a blank check.

Attach Voided Check Here

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>
	DOLLARS
BANK NAME ADDRESS CITY, STATE ZIP	
FOR _____	
⑆012345678⑆ 01234567890123⑆ 0123	

I authorize credit entries and any necessary adjustments to be made to my account. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: must match signature on file Date