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:_____