

ACH**DIRECT DEPOSIT OF PAYROLL****AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

Catholic Diocese of Jackson

64-0303073

COMPANY/EMPLOYER NAME

COMPANY ID NUMBER

I authorize the Catholic Diocese of Jackson and the financial institution listed below to electronically deposit my pay each payday as specified below.

Amount: Net Pay Flat Amount \$ _____ % of Check _____%

Account type Checking Savings

Bank Name

Branch

City

State

Zip Code

Bank Transit/ABA Number

Account Number

Amount: Net Pay Flat Amount \$ _____ % of Check _____%

Account type Checking Savings

Bank Name

Branch

City

State

Zip Code

Bank Transit/ABA Number

Account Number

If monies to which I am not entitled are deposited to my account, I authorize my EMPLOYER to direct the financial institution to return said funds. This authority will remain in effect until I have filed new authorization, or until revoked by me in writing, or upon termination of my employment with said COMPANYY.

Employee Name (please print)

SS# Number

Signature

Date

If a checking account was indicated above, it is necessary that a **VOIDED CHECK** be stapled to this form. For other account types, please attach a deposit slip.