

EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSIT

R.C. Archdiocese of Indianapolis • Payroll Department • P.O. Box 1410 • Indianapolis, IN 46206-1410

1. DIRECT DEPOSIT ENROLLMENT / CHANGE

	FIRST DEPOSIT (A)	SECOND DEPOSIT (B)	THIRD DEPOSIT (C)
	<p>Check One:</p> <p><input type="radio"/> FULL CHECK DEPOSIT <i>If so, complete bottom of this column (A) only.</i></p> <p><input type="radio"/> 1ST OF 2 OR MORE DEPOSITS Amount \$ _____ <i>If so, complete bottom portion of this column (A), and go to column B.</i></p>	<p>Check One (if applicable):</p> <p><input type="radio"/> DEPOSIT REMAINING AMOUNT (in full) after first deposit <i>If so, complete bottom of this column (B) & stop.</i></p> <p><input type="radio"/> 2ND OF 3 DEPOSITS Amount \$ _____ <i>if so, complete bottom of this column (B) & go to column C.</i></p>	<p>Check One(if applicable):</p> <p><input type="radio"/> DEPOSIT REMAINING AMOUNT (in full) after deposits in column A & B <i>Complete bottom of this column (C).</i></p>
MANDATORY (must be completed)	Depository Institution	Depository Institution	Depository Institution
	<p>Name: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Transit ABA# _____</p> <p>Acct # _____</p> <p style="text-align: center;"><input type="radio"/> Checking <input type="radio"/> Savings</p>	<p>Name: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Transit ABA# _____</p> <p>Acct # _____</p> <p style="text-align: center;"><input type="radio"/> Checking <input type="radio"/> Savings</p>	<p>Name: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Transit ABA# _____</p> <p>Acct # _____</p> <p style="text-align: center;"><input type="radio"/> Checking <input type="radio"/> Savings</p>
PLEASE ATTACH A COPY OF A VOIDED CHECK FOR EACH ACCOUNT!			

2. DIRECT DEPOSIT CANCELLATION

Account # _____ <input type="radio"/> Checking or <input type="radio"/> Savings

I hereby authorize the R. C. Archdiocese of Indianapolis to initiate credit entries to my checking or savings account(s) in the Depository Institution(s) listed above, and I authorize the Depository Institution to accept and to credit the amount of such entries to my account.

If funds to which I am not entitled are deposited to my account(s), I authorize you to direct the depository institution(s) named above to return said funds.

This authority is to remain in full force and effect until the R.C. Archdiocese of Indianapolis has received written notification from me of its termination in such time and in such manner as to afford the R.C. Archdiocese of Indianapolis a reasonable opportunity to act on it.

PRINT NAME: _____ **SIGNATURE:** _____

PARISH / SCHOOL / AGENCY: _____ **DATE:** _____