



Archdiocese of Chicago

Authorization Agreement for Direct Deposit

Name: _____ Dept. #: _____

Action: Delete Set Up Change

I hereby authorize the Archdiocese of Chicago and the financial institution indicated below to deposit my net pay automatically to my account each payday. If monies to which I am not entitled are deposited to my account, I authorize my employer to direct my financial institution to return the funds credited in error. I understand that it is my responsibility to verify the deposit of funds to my account by my financial institution prior to initiating disbursements and or issuing check against my account.

The Archdiocese of Chicago at its option may directly deposit the funds immediately upon set up or change in the account if the bank routing number and account can be verified by a voided check attached to the form or a pre note (waiting period) until after the employee's financial institution had verified the routing and account numbers.

This authority will remain in effect until notified by me or the Archdiocese of Chicago of termination or its cancellation.

	Checking or Savings	ABA Number	Bank Account Number	Amount
1				
2				
3				
4				
5				

IMPORTANT! Please make sure that you ONLY use a personal check to find these numbers. Do not use other bank documents such as deposit slips for this information.



Signature _____

Date _____