



Episcopal Diocese of Oklahoma

924 N. Robinson Ave
Oklahoma City, OK 73102
(405) 232-4820
payroll@epiok.org

DIRECT DEPOSIT AUTHORIZATION AGREEMENT FORM

New Agreement Change Account Cancel Agreement

I hereby authorize The Episcopal Diocese of Oklahoma to deposit my net pay into my account with the Financial Institution indicated below. This authority is to remain in full force and effect until The Episcopal Diocese of Oklahoma has received written notification from me of its termination in such time and in such manner as to afford The Episcopal Diocese of Oklahoma and the Financial Institution a reasonable opportunity to act on it.

Employee Name: _____

Primary Account – NET PAY

Church/Location: _____

Select One: Checking Account Savings Account

Financial Institution: _____

Bank Name _____

City _____ State _____ Zip _____

Transit/ ABA No _____ Account No. _____

(see example below)

Secondary Account - \$ _____ Amount of Deposit

Select One: Checking Account Savings Account

Financial Institution _____

Bank Name _____

City _____ State _____ Zip _____

Transit/ ABA No _____ Account No. _____

(see example below)

Employee Signature _____ **Date** _____

Attach: **Voided check** for checking accounts OR a **Direct deposit authorization form from bank**
(Form will not be processed without one of the above instruments)

Jane A. Doe
1000 Main St.
Anywhere, USA 10001

Date _____ 3680

PAY TO THE
ORDER OF _____ \$

_____ DOLLARS

MEMO _____ X _____

⑆ 123456789 ⑆ 11484620040 ⑆ 3680

Transit/ABA No. Account No.