



Direct Deposit Authorization Form

1. Mark the box indicating the type of account your money is to be deposited into.
2. Fill in your name, bank/branch, and dollar amount or percentage for each account.
3. Sign and date the authorization
4. **Attach a voided check or savings deposit slip.**
5. Return to Human Resources.

Employee Name

____-____-____-____-____-____
Social Security Number

New Stop Change

Account Number:		Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Percent (%) or dollar (\$) amount for deposit:		Routing Number:
Bank/Branch:		
Address:		

New Stop Change

Account Number:		Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Percent (%) or dollar (\$) amount for deposit:		Routing Number:
Bank/Branch:		
Address:		

New Stop Change

Account Number:		Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Percent (%) or dollar (\$) amount for deposit:		Routing Number:
Bank/Branch:		
Address:		

I hereby authorize Lourdes Health Network to initiate credit entry into my accounts indicated below and the financial institute named to credit the same to such account. This authorization is to remain in full force and effect until notified by me to terminate this authorization.

Signature

Date

Note: Please allow approximately two (2) pay periods before your check will be deposited. Since you may receive a paper check, please be sure to check your pay envelope to prevent the loss or destruction of a negotiable check. Please see E-stub instructions to view your electronic pay information.