ARCHDIOCESE OF SEATTLE

Direct Deposit Authorization

Employee: _____ Soc. Sec. No.: _____

I hereby authorized the Payroll Office to make the following deposit amount(s) from my paycheck EACH period for direct deposit to the following account(s):

Financial Institution (include the bank's routing #)	Account number	Deposit Amount (indicate NET for all)	Account type: Savings or checking

PLAGE WOND GHEGK HERE

- 1. A void check for each account must accompany this request (deposit slip for savings accounts only).
- 2. Deposit amounts must be consistent for each pay period, except for 'net pay' depositors.
- 3. Direct deposits will be effective within one month after the receipt of this request by the Payroll office.
- 4. Payroll funds will be directly deposited on each payday. No advance deposits will be made.
- 5. Direct deposits can be terminated with a written notice submitted two weeks prior to the effective pay period.

This authority is to remain in full force and effect until the Payroll office of the Archdiocese of Seattle receives written notification from me of its termination in such time and manner as to afford the Archdiocese and the financial institutions a reasonable opportunity to act on it or until the Archdiocese chooses to terminate the program.