

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Diocese of Marquette, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (select one)

Checking. **Savings** account indicated below and the financial institution named below, to credit and / or debit the same to such an account. This authority is to remain in full force and effect until the Diocese receives written notification from me (or either of us) of its termination in such time and in such matter as to give the Diocese a reasonable opportunity to act on it. Termination of employment will void this authorization.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Bank Routing Number _____ Bank Account Number _____

Name _____ S/S Number _____

Email Address: _____
(Where you want your pay stub emailed)

Date _____ Signature _____

PLEASE INCLUDE A VOIDED CHECK (Checking) or DEPOSIT SLIP (Savings)

Revised August 2013