

REQUEST FOR DIRECT DEPOSIT

EMPLOYEE NAME _____ SITE # _____
(Please print)

SOCIAL SECURITY # _____ SITE NAME _____

PLEASE HAVE MY PAYROLL CHECK DIRECTLY DEPOSITED TO THE FOLLOWING ACCOUNT(S)

FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER	TYPE OF ACCOUNT	AMOUNT PER PAY PERIOD
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PRIMARY ACCOUNT

PLEASE ATTACH AN UNSIGNED VOIDED PERSONAL CHECK FROM YOUR CHECKING ACCOUNT OR AN ACCOUNT DEPOSIT SLIP FROM YOUR SAVINGS ACCOUNT

NEW ENROLLMENTS:

Your first pay following this request for direct deposit will be by check. There will be a test notification to the financial institution(s) you have specified. The following pay you will receive direct deposit.

ACCOUNT CHANGES:

Please complete the entire form indicating how you want your entire pay deposited. Your first pay following notification of change of accounts will be by check. After a pre-notification, subsequent pays will be deposited into the new account(s) specified.

NOTE: If your current account has been closed, please indicate so by checking the box below.

Current account has been closed.

IMPORTANT

If there are any changes to your financial institution (mergers, etc) it is imperative that you provide us with any new account numbers and a voided deposit slip.

I authorize Catholic Charities to deposit my wages, net of taxes and other deductions, into the accounts and financial institution(s) listed above, by the amounts listed above.

Employee Signature

Date: _____

Work Telephone ext.

RETURN THIS FORM TO:
Catholic Charities Health and Human Services
7911 Detroit Ave. Cleveland, OH 44102
Attn: Payroll Dept.