



Archdiocese of San Francisco
Automatic Payroll Deposit Authorization

- _____ New direct deposit enrollment
_____ Change to existing direct deposit
_____ Discontinue existing direct deposit

Instructions:

- Please print or type.
- For checking accounts, attach a voided, preprinted check.
- For a saving account, a photocopy of the top part of the bank statement that shows the financial institution's name and address, employee name and account number.
- Please allow up to two full pay periods for the direct deposit to be set up and validated. Notify the payroll contact if the set-up takes more than two pay periods.
- Return completed form to Archdiocese of San Francisco, Attn: H/R, One Peter Yorke Way, San Francisco, CA 94109

Employee Name: _____

Financial Institution Name: _____

ABA No.: _____

Account No.: _____

Type of Account (check one) _____ Checking _____ Savings

I authorize the Archdiocese of San Francisco to initiate electronic credit entries (deposits), and if necessary, debit entries and adjustments to correct any previous credits which may have been posted in error. This authorization continues until I notify the Archdiocese of San Francisco in writing to cancel this authorization, allowing the Archdiocese of San Francisco a reasonable opportunity to act upon it.

Employee Signature: _____ Date: _____