



DIOCESE OF ALLENTOWN

Post Office Box F
Allentown, Pennsylvania 18105-1538
610-871-5200 • Fax 610-871-5211

DIRECT DEPOSIT AUTHORIZATION FORM

I, the undersigned employee, hereby authorize the financial institution(s) listed below and the Diocese of Allentown to deposit my pay automatically to my listed account(s) each payday in accordance with the customary payroll schedule for the Diocese. This authority shall remain in full force and effect until the Diocese receives written notice from me of its revocation in such time and in such manner as to afford the Diocese and the financial institution(s) a reasonable opportunity to act on my revocation.

Checking Account: Must attach voided check to process

Savings Account: Must attach deposit slip to process

1. Name of Bank: _____

NET PAY deposited to my account: _____

ABA Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Account Number: _____

Please circle one: ☐ Checking Account or Savings Account

2. Name of Bank: _____

Amount or Percent: _____

ABA Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Account Number: _____

Please circle one: ☐ Checking Account or Savings Account

3. Name of Bank: _____

Amount or Percent: _____

ABA Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Account Number: _____

Please circle one: ☐ Checking Account or Savings Account

Print Full Legal Name

Signature

Date

PLEASE RETURN COMPLETED FORM TO:

Human Resources Office / Diocese of Allentown / PO Box F / Allentown, PA 18105-1538