



Diocese of Great Falls-Billings Direct Deposit Authorization

EMPLOYEE NAME: _____ SS#: _____

I hereby authorize the **UDIOESE OF GREAT FALLS-BILLINGS** to initiate credit entries to my account(s) indicated below and the depository(s) named below to credit the same such account(s). **In the event a credit is made to my account in error, I authorize the Diocese of Great Falls-Billings to make a correcting entry under the condition that I am notified of said adjustment.**

NOTE: YOU MUST ATTACH A VOIDED CHECK FOR EACH ACCOUNT.

Please attach check(s) here.

DEPOSITORY: _____
BANK NAME

___ Checking
___ Savings

ADDRESS CITY/STATE ZIP

Amount to be Credited: \$ _____ or Balance

Banking Transit/ABA: _____ Acct No. _____

DEPOSITORY: _____
BANK NAME

___ Checking
___ Savings

ADDRESS CITY/STATE ZIP

Amount to be Credited: \$ _____ or Balance

Banking Transit/ABA: _____ Acct No. _____

DEPOSITORY: _____
BANK NAME

___ Checking
___ Savings

ADDRESS CITY/STATE ZIP

Amount to be Credited: \$ _____ or Balance

Banking Transit/ABA: _____ Acct No. _____

This authorization is to remain in full force and effect until the Diocese of Great Falls-Billings has received written notification from me of its termination in such time and in such manner as to afford the Diocese a reasonable opportunity to act on it, or I complete and sign a new Direct Deposit Form.

Signature

Date

_____ I hereby request all direct deposit to stop immediately. Date: _____
(initials)