



Parish Employee Direct Deposit Authorization

EMPLOYEE NAME: _____ SS#: _____

I hereby authorize (Parish Name) _____ in
(City) _____ 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 parish named above 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.

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 **parish** named above has received written notification from me of its termination in such time and in such manner as to afford the **parish** a reasonable opportunity to act on it, or I complete and sign a new Direct Deposit Form.

Employee Signature

Date

(initials) I hereby request all direct deposits to stop immediately.

Date: _____

Please attach check(s) here.