



**Employee Direct Deposit Authorization**  
 Diocese of Great Falls-Billings  
 PO Box 1399  
 Great Falls, Montana 59403

**Employee Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

I hereby authorize the Diocese 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 I am notified of said adjustment.

**NOTE: If available, please attach a voided check for each account and complete information below. If voided check is not available, please clearly print information below.**

**Depository:** \_\_\_\_\_  
 Bank Name (Please Print Clearly)

\_\_\_\_\_  
 Bank Address City/State (Please Print Clearly)

\_\_\_\_\_ **Checking**  
 \_\_\_\_\_ **Savings**

Amount to be Credited: \$ \_\_\_\_\_ or  Balance

Banking Transit/ABA: \_\_\_\_\_ Acct. No. \_\_\_\_\_

**Depository:** \_\_\_\_\_  
 Bank Name (Please Print Clearly)

\_\_\_\_\_  
 Bank Address City/State (Please Print Clearly)

\_\_\_\_\_ **Checking**  
 \_\_\_\_\_ **Savings**

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 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.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Initials)

I hereby request all direct deposits to stop immediately.

Date: \_\_\_\_\_