



Parish/School Employee Employee Direct Deposit Authorization

Employee Name: _____

SSN: _____

I hereby authorize (Parish/School Name) _____ located 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/School named above 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 **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

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

Date