

Direct Deposit Authorization

Parish/Entity Name: _____

Address: _____

Personal Information

Last Name: _____ First Name: _____ M.I.: _____ SSN: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Account Information

Bank or Savings Program Name: _____

Account Type (Circle): Checking Savings Other (Describe): _____

Bank or Program Routing Number: _____

Account Number: _____

Deposit Amount: _____ per pay period

*** Please attach a voided check or a Routing Slip from your bank or savings program for the account noted above**

Authorization

I authorize and request _____ to automatically deposit my payroll amounts owed to me to my account as described above.

I understand that _____ or I may terminate this agreement at any time by written notification. Any such notification will result in the termination of direct deposit service as soon as practical.

I authorize _____ to debit my account for the purpose of correcting an erroneous credit previously initiated to my account, provided that I have been notified in writing of such debit and the reason therefore.

Please note that ADP reserves a 10 to 15 business day prenote period to electronically test the banking information provided. This generally takes one payroll cycle to complete. Upon successful results, the direct deposit will begin with the following pay period. During this pre note period, a paper check will be mailed by US postal services to the address on record.

Employee Signature

Date

If you have any questions, please contact your parish payroll representative.