



DIOCESE OF CHARLOTTE PASTORAL CENTER

## Direct Deposit Authorization/Change Form

Name—Last, First & Middle Name	Employer
Social Security Number	Department

### **Original Banking Information**

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Type of account \_\_\_\_\_ Amt/% if splitting \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Checking Account No. \_\_\_\_\_

### **Transaction Information**

- Authorization** — I hereby authorize my employer to direct deposit in the bank account(s) listed below. I have attached a voided check for each account specified below. I also authorize credit entries and any adjustments, with my approval, to be made to my accounts listed. This authorization will remain in full force until the company has received written notification from me of its termination.
- Change** — I hereby request a change of the authorization for the deposit of my salary by electronic transfer.

### **New Banking Information**

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Type of account \_\_\_\_\_ Amt/% if splitting \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Checking Account No. \_\_\_\_\_

Employee Signature	Date
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