

DIOCESE OF SACRAMENTO – HUMAN RESOURCES SERVICES

DIRECT DEPOSIT AUTHORIZATION

Last Name	First Name	Initial
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Employed By

Social Security Number

Bank Name and Branch

Bank Account Number

Please attach a voided check to this form to expedite this process.

AUTHORIZATION FOR DIRECT DEPOSIT

By signing below, I am authorizing my employer to deposit, on every relevant pay period, my net pay directly into the account I have designated above. In making this request, I understand and acknowledge:

- All direct deposits (new or changed) will take effect with the 2nd payroll after the request is submitted. Your first payroll check will be an actual check.
- My employer will make every effort to ensure that my pay is deposited on the actual payday, but circumstances may affect direct deposit processing, including, but not limited to, input errors, bank holidays, and time/processing delays between financial institutions. I understand, therefore, that my direct deposit cannot be guaranteed to be in my account on the actual payday.
- I authorize my bank to furnish any information necessary for my employer to facilitate making all payments into my account.
- I further authorize my employer to initiate debit entries or adjustments to correct any transfers made in error to my account. This authorization will remain in force until I give my employer notice, in writing, that I have revoked it.

Employee Signature

Date