



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 or bank certification for each account specified in this request. 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. I have attached a voided check or bank certification for each account specified in this request.

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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Note: Please attach a voided check or bank certification, the request won't be processed without this documentation.