



Direct Deposit Form

I hereby authorize my employer, Catholic Community Service, to direct deposit my paycheck, and to make any necessary debit adjustment to correct any erroneous credit entries to my account.

I also authorize my bank or financial institution to make these corresponding debit or credit entries to my account.

This authorization will remain in effect until I give written cancellation notice to Catholic Community Service, allowing sufficient time for both my employer and the Bank to process such notice.

Name of Bank: _____

This account is: Checking or Savings

PLEASE NOTE:

A voided-blank check, copy of a check, or bank printout must be returned with this form. Do not send a deposit slip unless it is a Savings Account.

Signature: _____

Date: _____ Printed Name: _____