

REQUEST FOR DIRECT DEPOSIT

I authorize my employer, DIOCESE OF WORCESTER COMPANY, to automatically deposit funds owed to me to my Checking or Savings account at _____ FINANCIAL INSTITUTION and to make adjustment entries, if necessary, only under the conditions on _____ this form.
Employee Name _____ PLEASE PRINT Employee Number _____ Social Security Number _____

I have read and understood _____ this form: _____ SIGNATURE / _____ DATE

Attach a voided check and return to your payor. Check here if you would like a copy of this form.

FOR INTERNAL USE ONLY

Routing Number [] [] [] [] - [] [] [] [] - [] Account Number _____

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize the Diocese of Worcester to automatically deposit any funds owed to me to my account at the Depository Financial Institution named above.

I understand that this agreement may be terminated by me or the company at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize the company to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, the company has notified me in writing of the reason for the debit.

DATE _____ SIGNATURE _____

ATTACH A VOIDED CHECK AND RETURN TO:

DIOCESE OF WORCESTER
49 ELM STREET
WORCESTER, MA 01609

ATTN: PAYROLL DEPARTMENT