



**DIOCESE of PENSACOLA-TALLAHASSEE  
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

**EMPLOYEE INFORMATION**

**This section MUST be filled out completely**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Place of Employment (including City): \_\_\_\_\_

**BANK INFORMATION**

Fill in your name and the bank's name. Indicate whether your pay will be deposited into a checking or savings account. Do this for each account that you will use.

- You may use up to three (3) different accounts.
- Attach a voided check for each checking account OR a pre-printed deposit slip for savings accounts as verification of all financial institution information.
- Be sure to sign this form.

**This form MUST be returned to the Diocese of Pensacola-Tallahassee Human Resources/Payroll Department before changes can be made.**

1. Bank Name: \_\_\_\_\_  
Type of Account: Checking Savings  
Bank Routing ID #: \_\_\_\_\_ Account #: \_\_\_\_\_
2. Bank Name: \_\_\_\_\_  
Type of Account: Checking Savings  
Bank Routing ID #: \_\_\_\_\_ Account #: \_\_\_\_\_
3. Bank Name: \_\_\_\_\_  
Type of Account: Checking Savings  
Bank Routing ID #: \_\_\_\_\_ Account #: \_\_\_\_\_

I hereby authorize Diocese of Pensacola-Tallahassee to initiate entries to my banking account(s) indicated above and the FINANCIAL INSTITUTION named above, herein called BANK, to credit the same to such account.

This authority is to remain in full force until the **Administrator in the Diocese of Pensacola-Tallahassee Payroll Department** has received written notification from me of its termination in such time and in such manner as to afford **both the parish/school and the Diocese of Pensacola-Tallahassee** a reasonable opportunity to act on it.

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_

Payroll: \_\_\_\_\_