

ARCHDIOCESE OF GALVESTON-HOUSTON DIRECT DEPOSIT AUTHORIZATION AGREEMENT FORM

EMPLOYEE NAME	IF APPLICABLE, THE RELIGIOUS ORDER NAME ON THE BANK ACCOUNT			
ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
DEPARTMENT NAME	OFFICE NUMBER AND EXTENSION			

IT IS VERY IMPORTANT THAT YOU VERIFY THE ACCURACY OF YOUR CURRENT ROUTING NUMBER(S) WITH YOUR BANK OR CREDIT UNION, BEFORE YOU COMPLETE THE INFORMATION BELOW FOR THE DIRECT DEPOSIT.

Account 1

BANK OR CREDIT UNION NAME (FINANCIAL INSTITUTION)		CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	(4) TYPE OF ACCOUNT CHECKING SAVINGS	FIXED AMOUNT \$ _____	REMAINING NET YES _____

Account 2

BANK OR CREDIT UNION NAME (FINANCIAL INSTITUTION)		CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	(4) TYPE OF ACCOUNT CHECKING SAVINGS	FIXED AMOUNT \$ _____	REMAINING NET YES _____

I (we) authorize the Archdiocese of Galveston-Houston to credit my account with the depository names below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

EMPLOYEE SIGNATURE _____ DATE _____

ATTACH HERE FOR A DIRECT DEPOSIT

A VOIDED CHECK FOR A CHECKING ACCOUNT,
AND/OR,
A VOIDED DEPOSIT SLIP FOR A SAVINGS ACCOUNT.