



Archdiocese of San Francisco
Automatic Payroll Deposit Authorization

_____ New direct deposit enrollment

_____ Change to existing direct deposit

_____ Discontinue existing direct deposit

Instructions:

- Please print or type.
- For checking accounts, attach a voided, preprinted check.
- For a saving account, a photocopy of the top part of the bank statement that shows the financial institution's name and address, employee name and account number.
- Mail or fax (415) 614-5525:
 Archdiocese of San Francisco
 Attn: Payroll Department
 One Peter York Way
 San Francisco, CA 94109-6602
- Please allow up to two full pay periods for the direct deposit to be set up and validated. Notify the payroll contact if the set-up takes more than two pay periods.

Parish/School Location Number: _____

Employee Name: _____

Payroll File Number: _____

Financial Institution Name: _____

ABA No.: _____

Account No.: _____

Type of Account (check one) _____ Checking _____ Savings

I authorize my employer to initiate electronic credit entries (deposits), and if necessary, debit entries and adjustments to correct any previous credits which may have been posted in error. This authorization continues until I notify my employer in writing to cancel this authorization, allowing my employer a reasonable opportunity to act upon it.

Employee Signature: _____ Date: _____