



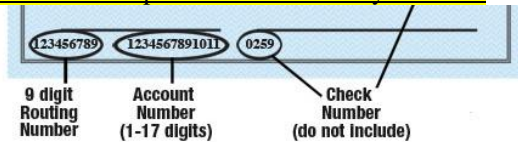
DIRECT DEPOSIT FORM

I HEREBY AUTHORIZE MY EMPLOYER SAINT COLUMBKILLE PARTNERSHIP SCHOOL TO DEPOSIT MY PAYCHECK DIRECTLY INTO MY BANK ACCOUNT.

Failure to provide correct information and/or update existing information may result in a delay of processing your pay or an inability to access your funds. In transit funds (closed accounts, incorrect bank or account numbers) are not available until notification is received from our payroll provider's bank advising receipt of return. Please be advised that banks are allowed up to five business days to return electronic items, thereby potentially resulting in a delayed receipt of your funds.

Employee Name:	
Employee SSN:	

- For checking accounts, please attach a **VOIDED check** for each account – not a deposit slip.
- For savings accounts, please attach a **direct deposit document** from your bank.



Check one:	Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Bank Name:		
ABA Routing Number:		
Account Number:		
I wish to deposit \$ _____ or <input type="checkbox"/> I wish to deposit my <u>entire</u> net amount to this account.		

Check one:	Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Bank Name:		
ABA Routing Number:		
Account Number:		
I wish to deposit \$ _____ or <input type="checkbox"/> I wish to deposit my remaining net amount to this account.		

Check one:	Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Bank Name:		
ABA Routing Number:		
Account Number:		
I wish to deposit \$ _____ or <input type="checkbox"/> I wish to deposit my remaining net amount to this account.		

If funds to which I am not entitled are deposited to my account, I authorize the financial institution to withdraw these funds from my account. This authorization shall stay in effect until I have cancelled it in writing.

Printed Name: _____

Signature: _____

Date: _____