

# DIRECT DEPOSIT AUTHORIZATION FORM

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

CCDS

Agency: \_\_\_\_\_

You may elect up to three (3) banking facilities:

Please indicate type of account:  
(Checking: Ck/Savings: Sav)

Bank/Credit Union	Account Number	Routing Number	Amount to Deposit
_____ Ck () Sav () _____	_____	_____	Full/\$ _____
_____ Ck () Sav () _____	_____	_____	Full/\$ _____
_____ Ck () Sav () _____	_____	_____	Full/\$ _____

Please Check one:                      Start ()                      Change ()                      Cancel ()

\*\*\*\*Please attach a copy of a blank or voided check for each account in order  
For us to obtain routing and transit numbers\*\*\*

Authority is hereby given to Catholic Charities of the Diocese of Albany to remit my wages to the above mentioned bank which is authorized to accept and credit my account. The authorization will remain in effect until revoked by my written order.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

New Direct Deposits are effective after a 15 day pre-note period.