



ARCHDIOCESE OF ATLANTA

Direct Deposit Signup Form

Employee Name: _____ Last four digits of Social Security #: _____

Instructions:

1. Complete the Direct Deposit section(s) to specify where you want your pay deposited.
2. Sign the bottom of the form.
3. Retain a copy for your records.
4. Return the original to the Payroll Manager
5. **Please attach a voided check for each checking account specified or a bank letter or specification sheet.**

| | Bank Name | Routing # | Account # | Account Type (Checking/Savings) | Dollar Amount or % of Net |
|------------------|-----------|-----------|-----------|------------------------------------|------------------------------|
| Bank Account # 1 | | | | | |
| Bank Account # 2 | | | | | |
| Bank Account # 3 | | | | | |
| Bank Account # 4 | | | | | |
| Bank Account # 5 | | | | | |
| Bank Account # 6 | | | | | |

Please sign acknowledging the information provided is accurate:

Signature: _____ Date: _____