



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize St Dominic's Family Services to initiate automatic deposits to my account at the financial institution named below. I also authorize St Dominic's Family Svcs to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold St Dominic's Family Svcs responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until St Dominic's Family Svcs receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Name: _____

ACCOUNT 1 INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ Checking | ☐ Savings
☐ Net Pay OR
☐ \$ _____

ACCOUNT 2 INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ Checking | ☐ Savings
☐ Net Pay OR
☐ \$ _____

AUTHORIZED SIGNATURE: _____ DATE: _____

NOTE: Please attach a cancelled check to this form to expedite this process

Direct Deposit will go into effect with the 2nd payroll cycle after submission of this form