

ROMAN CATHOLIC DIOCESE OF LEXINGTON
DIRECT DEPOSIT CHANGE AUTHORIZATION FORM

I, _____ hereby authorize the Roman Catholic Diocese of Lexington to **CHANGE** my current direct deposit as follows:

_____ Change the distribution of deposit to my accounts as follows:

(Circle One)

Deposit \$ _____ to account # _____ checking or savings

Deposit \$ _____ to account # _____ checking or savings

Deposit \$ _____ to account # _____ checking or savings

OR

Deposit \$ _____ to account # _____ checking or savings
and remainder _____% of net or \$ _____ specific dollar amount
to account # _____ checking or savings

_____ I have attached a **voided check** with complete routing and account number for my **checking** account request(s).

_____ I have attached a **deposit ticket** with complete routing and account number for my **savings** account request(s).

_____ Discontinue direct deposit to the following account(s) # _____ and deposit as indicated above.

This authority is to remain in full force and effect until the Roman Catholic Diocese of Lexington has received written notification from me of its termination in such time and in such manner as to afford the diocese a reasonable opportunity to act on it.

Employee Signature _____ Date _____