



DIOCESE OF LANSING
M I C H I G A N

Payroll Direct Deposit Authorization Form

Financial Institution:

Phone Number of Institution:

Routing Number: _____ Account Number: _____

Checking OR Savings Net Pay: YES NO OR Amount of Deposit: \$ _____

Please include a voided check or direct deposit authorization form from your financial institution

Additional Financial Institution:

Phone Number of Institution:

Routing Number: _____ Account Number: _____

Checking OR Savings Net Pay: YES NO OR Amount of Deposit: \$ _____

Please include a voided check or direct deposit authorization form from your financial institution

I authorize and request my employer to send the above amount(s) from my bi-weekly payroll check to the financial institution(s) indicated above for direct deposit to the designated account(s). I understand I may terminate or change this agreement at any time by sending written notice to the payroll administrator, allowing at least ten days for my employer to act upon my request. I also understand that the Diocese, the Financial Institution, or its agents shall not be liable for any delay in transmitting these entries whether due to failure of the Financial Institution's data handling machinery to operate or other cause. Please begin this direct deposit with the next pay period.

Employee Printed Name: _____

Signature: _____ Date: _____

Ann Arbor · Flint · Jackson · Lansing

Clinton · Eaton · Genesee · Hillsdale · Ingham · Jackson · Lenawee · Livingston · Shiawassee · Washtenaw

Diocese of Lansing: 228 N. Walnut St. | Lansing, MI 48933 | 517-342-2440

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