



EMPLOYEE PAYCHECK DIRECT DEPOSIT AUTHORIZATION FORM

INSTRUCTIONS:

1. Please print this form, enter your information.
2. Write legibly and clearly to avoid bank errors to your deposit.
3. Complete the entire form, all information is required.
4. You must be the named account holder for the direct deposit.
5. Attach your bank's *ACH Authorization Form*, if required.

Employee Name: _____ **Last 4 digits of SSN:** XXX – XX-: _____

Employee Address: _____ **State:** _____ **Zip Code:** _____

Email Address: Required for CheckStub delivery (PRINT CLEARLY): _____

PLEASE NOTE: By listing an email address you are authorizing your check stub voucher listing payroll notice of deductions to be sent to you electronically by email. You will receive emailed Direct Deposit Vouchers every pay cycle from Payroll@RegisCatholicSchools.com. To ensure your payroll notice gets through your spam filter, please add this address to your address book.

We must have a **VOIDED CHECK** in order to process your request. **You must be listed as the account holder for the account you are providing.**

If depositing into a savings account, please provide a **savings account deposit slip**

ATTACH VOIDED CHECK HERE

Entire Check to be deposited to: Account Type (check one): Checking Savings

Routing Number _____

Account Number _____

I authorize my employer and the financial institution identified above to remit my paycheck via ACH. This also includes my authorization for my employer to reverse any entries made in error. This authorization remains in effect until Regis Catholic Schools receives written notice from me. If I close the account above I will provide at least 2 weeks' advance notice to Regis Catholic Schools. Submitting an incomplete form or failing to attach other bank documents my bank may require could delay my direct deposit enrollment.

Employee Signature: _____ Date: _____