

DIRECT DEPOSIT/ACH CREDIT AUTHORIZATION

Catholic Diocese of Sioux Falls
523 N Duluth Ave
Sioux Falls SD 57104

I, _____, authorize the Catholic Chancery, dba **Catholic Diocese of Sioux Falls** to initiate electronic credit entries for the purpose of Payroll Direct Deposit, and if necessary, electronic debit entries to correct any erroneous credit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Type of Bank Account:

*Business Checking Account

*Business Savings Account

**(Check this box if the checking or savings account is setup at your bank as a business or commercial account)*

Personal Checking account

Personal Savings account

Banking Information:

Financial Institution Name: _____

Financial Institution City, State, and Zip: _____

Financial Institution Routing Number: _____

Account Number at Financial Institution: _____

Amount of credit(s): *[for specify range of acceptable dollar amounts authorized]:* _____

Date(s) and/or frequency of credit(s): _____

How to Revoke your Authorization:

This authority will remain in effect until I have cancelled it in writing with the **Catholic Diocese of Sioux Falls** stating that I wish to revoke this authorization. I understand that the **Catholic Diocese of Sioux Falls** requires at least 1 week prior notice in order to cancel this authorization.

NAME (PLEASE PRINT): _____

SIGNATURE: _____

PHONE NUMBER: _____

DATE: _____

Authorization Revoked on: _____ Signature: _____

Retain authorization for 2 years after the revocation of the authorization