

**DIOCESE OF CHARLESTON
DIRECT DEPOSIT**

NAME _____

EMPLOYEE # _____ (Diocese fills out)

Please check the appropriate box or boxes below and fill in all the information requested. You may choose any of the combinations below; however, you can only have one "net pay" account. Please attach a voided check to this form if you want to deposit into checking account. **This form must be turned into Payroll.**

☐ Fixed dollar amount to SAVINGS account (attach deposit slip)

Bank name _____
Address _____
Account # _____
Routing # _____
Deposit amount _____

☐ Fixed dollar amount to CHECKING account (attach voided check)

Bank name _____
Address _____
Account # _____
Routing # _____
Deposit amount _____

☐ Net pay to SAVINGS account (attach deposit slip)

Bank name _____
Address _____
Account # _____
Routing # _____

☐ Net pay to CHECKING account (attach voided check)

Bank name _____
Address _____
Account # _____
Routing # _____

EMPLOYEE SIGNATURE _____