SAINT JOSEPH MISSIONS
Direct Deposit Change to Account Authorization Form

*****Please print legibly and complete ALL of the information below*****

EMPLOYEE INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Signature: _____

Date: _____

SSN: _____

I authorize COMPANY, Tax ID number 26-0821506, to adjust credit entries into the bank account(s) listed below (Direct Deposit Account #1, hereinafter called depository). I also authorize the COMPANY to initiate adjustments for any transactions credited in error.

DIRECT DEPOSIT ACCOUNT #1 INFORMATION:

Name of Bank: _____

Account Number: _____

9 Digit Routing Number: _____

Savings Account or Checking Account: _____

Requested Effective Date of Authorization: _____

Old Deposit Amount: _____

New Deposit Amount: _____

All employees electing to route their Direct Deposits into a checking account must attach a voided check to the Direct Deposit Change of Account Authorization Form. This will not be required for savings accounts.

****NOTE: This authorization will remain in full force and effect until COMPANY has received written notification of its termination as set forth below.**

****NOTE: If you are unsure of how to complete this form, please see the Human Resources Manager for assistance.**

AN EMPLOYEE IS PERMITTED TO REVISE HIS OR HER DIRECT DEPOSIT INFORMATION AT ANY TIME SUBMITTING SAINT JOSEPH MISSIONS' "DIRECT DEPOSIT CHANGE OF ACCOUNT AUTHORIZATION FORM" (FORM #0008). AN EMPLOYEE IS PERMITTED TO REVOKE HIS OR HER DIRECT DEPOSIT BY SUBMITTING SAINT JOSEPH MISSIONS' "STOP DIRECT DEPOSIT FORM" (FORM #0009). EITHER OF THE ABOVE MENTIONED FORMS MUST BE SUBMITTED A MINIMUM OF TWENTY (20) DAYS PRIOR TO WHEN THE EMPLOYEE DESIRES THE CHANGE(S) TO TAKE EFFECT.