

**Direct Deposit Authorization Note  
Diocese of Knoxville**

- Please complete this form and return it with your other employment paperwork.
- Be sure to include a voided (Cancelled) check from your checking account and/or a deposit slip for your savings account, whichever is applicable. The details from the check / deposit slip will be used to verify the account details.

<b>Your Name:</b>	<b>Your Bank / Financial Institution:</b>
<b>Social Security Number:</b>	<b>City/State</b>

<b>Primary Account Number</b>  _____	<b>Routing Number</b>  _____
<b>Please check the applicable option:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/>	

I authorize the Roman Catholic Diocese of Knoxville and the above Financial Institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

**Attach Voided Check(s) / Deposit slip here.**