



# The Episcopal Diocese of Oklahoma

## Pay Check Direct Deposit Authorization Agreement

I hereby authorize *The Episcopal Diocese of Oklahoma* to initiate automatic deposits to my account at the financial institution named below. I also authorize *The Episcopal Diocese of Oklahoma* to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold *The Episcopal Diocese of Oklahoma* responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until *The Episcopal Diocese of Oklahoma* receives a written notice of cancellation our business office, or until I submit a new direct deposit form to the Accounting Department.

### Account Information #1

Name of Financial Institution: \_\_\_\_\_ % \_\_\_\_\_  
Routing Number: \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number: \_\_\_\_\_ ☐ Checking | ☐ Savings

### Account Information #2

Name of Financial Institution: \_\_\_\_\_ % \_\_\_\_\_  
Routing Number: \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number: \_\_\_\_\_ ☐ Checking | ☐ Savings

### Account Information #3

Name of Financial Institution: \_\_\_\_\_ % \_\_\_\_\_  
Routing Number: \_\_\_\_\_ \$ \_\_\_\_\_  
Account Number: \_\_\_\_\_ ☐ Checking | ☐ Savings

Signature

Authorized Signature (Primary):Date:

Authorized Signature (Secondary):Date:

Please attach a voided check or deposit slip and return this form to the Payroll Department.