



Archdiocese of Agana  
 196 Cuesta San Ramon, Ste. B, ▪ Hagåtña, GU 96910  
 Tel: (671) 472-6116  
 Fax: (671) 477-3519

## EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSIT

EMPLOYEE NAME

HIRE DATE  EMP. NO.

**A. DIRECT DEPOSIT ENROLLEMENT / CHANGE**

NO	BANK NAME	ROUTING NO.	ACCOUNT NO.	ACCOUNT TYPE (SA/CA)	AMOUNT OF DEPOSIT
1					
2					
3					

**B. DIRECT DEPOSIT CANCELLATION**

NO	BANK NAME	ROUTING NO.	ACCOUNT NO.	ACCOUNT TYPE (SA/CA)	AMOUNT OF DEPOSIT
1					
2					
3					

I hereby authorize the Archdiocese of Agana to initiate credit entries to my checking or savings account(s) in the bank institution(s) listed above, and I authorize the Depository Institution to accept and to credit the amount of such entries to my account.

If funds to which I am not entitled are deposited to my account(s), I authorize you to direct the depository institution(s) named above to return said funds.

This authority is to remain in full force and effect until the Archdiocese of Agana has received written notification from me of its termination in such time and in such manner as to afford the Archdiocese of Agana a reasonable opportunity to act on it.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HR REPRESENTATIVE: \_\_\_\_\_ POSTED DATE: \_\_\_\_\_