

ROMAN CATHOLIC DIOCESE OF LEXINGTON  
DIRECT DEPOSIT CHANGE AUTHORIZATION FORM

I, \_\_\_\_\_ hereby authorize the Roman Catholic Diocese of Lexington to CHANGE my current direct deposit as follows:

\_\_\_\_\_ Change the distribution of deposit to my accounts as follows:

Deposit \$ \_\_\_\_\_ to account \_\_\_\_\_

Deposit \$ \_\_\_\_\_ to account \_\_\_\_\_

Deposit \$ \_\_\_\_\_ to account \_\_\_\_\_

\_\_\_\_\_ I have attached a **voided check** with complete routing and account number for my **checking** account request(s).

\_\_\_\_\_ I have attached a **deposit ticket** with complete routing and account number information for my **saving** account request(s)

\_\_\_\_\_ Discontinue direct deposit, and initiate paper checks

\_\_\_\_\_ Discontinue direct deposit to the following account(s) \_\_\_\_\_

and deposit full amount to the following account \_\_\_\_\_

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_