

Diocese of Yakima

5301-A Tieton Drive
Yakima, WA 98908

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize you and the financial institution listed below to deposit my stipend automatically to my checking/savings (circle one) account each month and if necessary, to adjust, or reverse a deposit for any entry made to my account in error. This authorization will remain in effect until I have cancelled it in writing and in such time as to afford you a reasonable opportunity to act on it.

Name _____

Signature _____

Date _____

Financial Institution _____

Please include a voided check with this form (no deposit slips)