

Maine Episcopal Missionary Society
Diocese of Maine
143 State Street
Portland, Maine 04101-3799
Attn: Central Payroll Department

PAYROLL DIRECT DEPOSIT AUTHORIZATION

Purpose of Authorization: (check one)

_____ New authorization
(Complete A, B, C and F)

_____ Changes to existing authorization
(Complete A, B, D and F)

_____ Cancellation
(Complete A and E)

A. Employee Information

Employee's Name (please print)

Social Security Number

Department or Organization

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone no. of Institution

Address

C. New Authorization Statement

I authorize and request my employer to send the net amount due from payroll, retirement, or living allowance to the financial institution indicated above for direct deposit to my account. I understand I may terminate this agreement at any time by completing another Payroll Direct Deposit Authorization form and sending it to Central Payroll, allowing a reasonable time for my employer to act upon my request for termination.

Employee's signature

Date signed

D. Change Authorization Statement

I authorize and request my employer to make the changes indicated on this form for automatic deposit of payroll, retirement, or living allowance to my account, allowing a reasonable time for my employer to act upon my request.

Employee's signature

Date signed

E. Cancellation Statement

I request that my employer terminate my authorized direct deposit of payroll, retirement, or living allowance to my account. I will allow a reasonable time for my employer to act upon my request to terminate this agreement.

Employee's signature

Date signed

F. Attach a voided check and return this form to address above.