

Catholic Diocese of Rockford

Authorization Agreement for Automatic Payroll Funds Transfer

I hereby authorize the Catholic Diocese of Rockford to electronically withdraw funds from the following account to reimburse the Diocese for the total amount due for each payroll invoice. I understand that the funds will be withdrawn on the day the checks and direct-deposit vouchers are dated.

Either party may rescind this agreement at any time with written notice.

Bank Name _____

City _____

Routing # _____

Account # _____

Effective Date _____
(Date of first payroll to be deducted from your account)

Parish,
Office, or
School Name _____ # _____ City _____

Signed _____ Title _____

Date _____

Mail to: Accounting & Data Processing Office
P. O. Box 7044
Rockford IL 61125-7044

or FAX to: 815 399-5657