



**Catholic Independent Schools Diocese of Prince George**

**Finance Office**

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## THE ROMAN CATHOLIC EPISCOPAL CORPORATION OF PRINCE RUPERT

### DIRECT DEPOSIT PAYROLL AGREEMENT

Employee Name: \_\_\_\_\_

I hereby authorize and request my employer to deposit my net pay to my account(s) at the:

Bank or Credit Union: \_\_\_\_\_

This arrangement will continue until my employment is terminated or I provide written authorization to change my Bank/Credit Union, Branch, and/or Account Number.

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

\_\_\_\_\_  
Date

Copy of void cheque or Bank Deposit Information form must be attached.