

DIRECT DEPOSIT AUTHORIZATION

		PERSONAL	INFORMATION	
Last Name		First Name	M.I.	SSN
Home Address - Line 1		702i	Home Address – Line 2	
City			State	ZIP
		ACCOUNT	INFORMATION	
Bank or Savings Pro	gram Name:			
Account Type:	Checking	Savings	Other (Describe)	
Bank or Program Ro	uting Number:			
Account Number:			_	
Deposit Amount:	100%	of pay per per	riod	
Please attach a voic	ded check or a Ro	outing Slip from	your bank or savings program fo	or the account noted above.
		AUTHO	ORIZATION	
I authorize and reques Independent Contracto			on of Long Island to automatic ribed above.	ally deposit fees earned as ar
I understand that the C written notification. practical.	Catholic Youth O Any such notifi	organization of I ication will res	Long Island or I may terminate ult in the termination of direct	this agreement at any time by et deposit service as soon as
Independent Contractor's Sign	nature			Date
Please return this for	rm and the void	ed check or de	eposit slip to:	

Noreen Canty

CYO – Long Island 20 East Cherry Street Hicksville, NY 11801