



# Business Office

## BISHOP O'DOWD HIGH SCHOOL

*One Community, Many Parts*  
*Finding God in All Things*

### DIRECT DEPOSIT/ONLINE PAY STATEMENT AUTHORIZATION

Date: \_\_\_\_\_

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

1) Name of Bank \_\_\_\_\_  
ABA /Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Check or Savings (circle one)  
Full or Partial Pay (circle one, if partial pay indicate amount) \_\_\_\_\_

2) Name of Bank \_\_\_\_\_  
ABA /Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Check or Savings (circle one)  
Full or Partial Pay (circle one, if partial pay indicate amount) \_\_\_\_\_

3) Name of Bank \_\_\_\_\_  
ABA /Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Check or Savings (circle one)  
Full or Partial Pay (circle one, if partial pay indicate amount) \_\_\_\_\_

California requires consent to deliver online pay statements. By checking the box the below "I Agree" you confirm that you have consented to receiving online pay statements. Please note that you must access ADP Workforce Now in order to view your pay statement online.

\_\_\_\_\_ I Agree

SIGNATURE/DATE \_\_\_\_\_