

LOURDES HEALTH SYSTEM
DIRECT DEPOSIT AUTHORIZATION

COMPANY OLLMC / LMCBC (circle one)

EMPLOYEE'S NAME _____

EMPLOYEE'S SS# _____

DEPARTMENT _____ **PHONE EXT.** _____

BANK NAME Rancocas Federal Credit Union

DIRECT DEPOSIT **NET** **OF CHECK** (Checking _____ Savings _____)

Start _____ Stop _____ Change _____

Routing No. _____ Account No. _____

ALL VOUCHERS ARE MAILED THURSDAY MORNING

FIXED DEDUCTION AMOUNT (Checking _____ Savings X)

Start _____ Stop _____ Change _____

Routing No. _____ Account No. _____

AMOUNT TO BE DEPOSITED \$ _____

Deposit to be distributed as follows:

_____ Savings _____ Christmas Club _____ Vacation Club

_____ Other

****IMPORTANT INFORMATION****

I authorize Our Lady of Lourdes Medical Center to deposit funds directly into said account(s) as stated above. I understand that my account(s) will be credited on Friday with my funds. **If the net amount of your check is directly deposited your voucher will automatically be mailed Thursday morning. If you have a fixed amount directly deposited and want the rest of your check mailed to your home please submit a mailing authorization form (available upon request in the payroll office).**

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