



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAintree, MASSACHUSETTS 02184-3839

Dear Transition Assistance Program Applicant:

Enclosed are several documents regarding the Transition Assistance Program (TAP), including a Summary Description and the Application for Benefits.

To apply for this benefit, please provide the Notification of Separation/Application for Benefits to the Pastor/Administrator/Principal at your location to complete the top portion and return to you. Please complete the Staff Member portion of the Application and send to the Archdiocese of Boston Human Resources Office, along with the W-4 and M-4 tax forms and your Direct Deposit form.

Following receipt of your Application, tax forms, and Direct Deposit form, Human Resources will notify you in writing of the status of your claim.

Also enclosed are a blank Affidavit of Employment Status and Job Search Activity. If your application is approved, you will be required to send a completed Affidavit to Human Resources every two weeks during the period you are unemployed and receiving TAP benefits. Please make blank copies for future use. Enclosed is a Schedule of Affidavit due dates, pay periods, and corresponding pay dates. If we do not receive an Affidavit by the due date, you will not receive a TAP payment for that pay period. If an Affidavit is received late, a TAP payment will be made for that period on the next scheduled pay date.

If you become employed at any time during the duration of your TAP benefit, please notify Human Resources as soon as possible. In accordance with the TAP Plan Document, Participants shall be ineligible to receive benefits under the Program after the one (1) year anniversary of the Termination Date.

Please feel free to contact Human Resources with any questions.

Human Resources
Archdiocese of Boston
617.746.5825

Archdiocese of Boston
Transition Assistance Program Summary Description

Human Resources Office

66 Brooks Drive

Braintree, MA 02184

Phone: (617) 746-5825 Fax: (617) 746-5754

Eligible Population

Lay staff with one year or more of continuous service who work at least 20 hours per week (schools/other 10-month assignments require 24 hours per week) in parishes, Corporation Sole entities, and other enrolled Archdiocesan entities, who are not covered by Massachusetts unemployment compensation insurance.

Participating Events

A qualified involuntary job loss is any separation initiated by the employing unit except for gross and/or willful misconduct, or by reason of death, disability, or retirement. This includes, but is not necessarily limited to, reduction in force, job restructure/elimination, institution closing, and termination due to performance issues other than gross or willful misconduct. Gross and/or willful misconduct is defined as violation of written and/or normative standards of conduct. Examples include, but are not limited to, theft, destruction of organization property, sexual or racial harassment, insubordination, reporting to work under the influence of alcohol or drugs, engaging in felonious activity, falsification of records, serious policy violations, etc.

Benefit Level

50% of base weekly wage* to a maximum adjusted annually to reflect the Massachusetts unemployment benefit maximum. Benefits are payable bi-weekly for a maximum duration of 30 calendar weeks. FICA, Medicare, Federal and State taxes are withheld. Voluntary deductions (*i.e.*, health benefits, 401(k), etc.) are not available. W-2 forms are issued at year's end. Effective March 1, 2016, outplacement benefits are also available (see details below).

When Benefits are Payable

Benefits are not automatic. A Notification of Separation/Application for Benefits form must be filed with Human Resources. All claims are subject to review and approval by the Plan Administrator.

There is a Waiting Period for TAP benefits. The Waiting Period commences on the Termination Date and ends (but excludes) the first Sunday following the expiration of 7 calendar days after the Termination Date. Benefits will also be delayed to take into account other payments, including, but not limited to, payouts for unused vacation, severance benefits, or other contractual payments. In cases where severance payments have been made to a Participant, TAP benefits will begin immediately following the expiration of the severance payment period. In schools or other environments with a shortened work year, benefits are generally not payable until the beginning of the next work year, usually after September 1.

Continued payment is contingent upon periodic verification of an active job search. Benefits will cease when the participant fails to meet the active job search requirements, verified through bi-weekly submission of a completed affidavit OR when the participant obtains comparable employment. It is the responsibility of the participant to notify Human Resources upon obtaining employment. In the event employment is accepted that is not comparable to previous employment, the participant may be eligible for pro-rated benefits. Earnings exclusions up to the weekly benefit rate may be applied. (Note: Payments made under the TAP program are not applied in calculating income or service credit for Pension purposes.)

* Base weekly wage calculation is based on the reported annual salary divided by 52 weeks.

Updated May 2016

RCAB Transition Assistance: Outplacement Sessions with Success Associates Career Services

TAP Participants are eligible for outplacement counseling services, as described below, as soon as their TAP waiting period begins. To access these services, which are confidential and free of charge, contact Larry Elle at Success Career Associates, Tel. (617) 325-4521 Email: lelle@ix.netcom.com. Success Associates is located at 97 Bright Road, Belmont, MA 02478.

Session One: In the first session, the focus will be on helping the client assess their readiness, practically and emotionally, to search for work. Each client will be helped to clarify their career direction. We will also look at any emotional barriers to reemployment, *i.e.*, issues of confidence, self-esteem, cognitive attitudes that can impede a successful job search.

A resume preparation form will be provided to help clients create a resume. A *Job Search Status Survey* is available to assess where a client will need help in their job search. Online career interest and skill assessments are also available to those seeking to move into a different job function and/or industry. This initial session will also help a client identify their “unique special advantage” and introduce them to PAR Statements, which help job applicants demonstrate their value to an employer.

Readings and helpful exercises will also be provided from the Career Success Binder of materials and the book *Secrets and Strategies for Success in An Uncertain World*, by Martin Yate. Goals will be set each week to encourage accountability, and clients will be encouraged to integrate stress management and confidence building activities into their job search routine.

Session Two: In this session, the client’s resume will be reviewed and suggestions made for improvement. Each client will also be given instructions about how to prepare a LinkedIn Profile, if appropriate. Teachers will be provided with detailed information about the specifics of applying for teaching work in the state of Massachusetts. Clients will also be instructed in how to compose Cover and Thank You letters to employers. Each session ends with goal setting for the next meeting. Readings and helpful exercises will be provided around networking from the Career Success Binder and textbook to help the client prepare for the third session.

Session Three: In this session, clients will develop a working “value statement” or “Elevator Speech” to be used when networking and interviewing, with practice time spent delivering their speech with the counselor. The mechanics of networking will be explained and information about local networking groups and professional societies provided. Clients will be encouraged to utilize state funded One-Stop Career Centers and to join job search support groups. For those using LinkedIn, their profile will be reviewed and instructions provided on how best to use social media to “be found” by employers and to research potential employers and networking contacts. Goals will be set for the fourth session. Readings and helpful exercises around interviewing will also be provided from the Career Success Binder and textbook to help the client prepare for the fourth session.

Session Four: This session will focus on developing each client’s interviewing and self-presentation skills. Typical interview questions and answers will be discussed, practice time provided, and attention paid to how someone answers a question as well as to what they say. Measures to bolster confidence and self-esteem will be discussed with helpful activities assigned to reinforce job search resiliency. We will also discuss the roadblocks a person is encountering and propose ways to overcome those obstacles. Clients will leave with a Job Search Action Plan outlining the steps they need to take to land a job.

Each client will be asked to complete an evaluation form to provide feedback to Success Associates and the TAP Plan Trustees about the effectiveness of our program and to suggest ways to improve delivery of services.

Clients will be encouraged to participate in upcoming Job Search Success Teams for those who may want additional time and support for their job search.

**ARCHDIOCESE OF BOSTON
TRANSITION ASSISTANCE PROGRAM (TAP)**

Notification of Separation/Application for Benefits

TO BE COMPLETED IN FULL BY PASTOR/ADMINISTRATOR/PRINCIPAL:

Parish/Agency/School Name _____ Inst.# _____

Pastor/Administrator/Principal Name _____

Address _____

Telephone # _____ Fax #: _____

Staff Member's Name _____

Address _____

E-mail _____ Ph #: _____ Cell #: _____

Social Security # _____ D.O.B. _____

Position/Title _____

Date of Hire _____ Date Paid Through _____

Hours worked per week _____ Months Worked per Year (10 or 12) _____

Annual Base Salary \$ _____ Vacation (Number of Accrued Days at Separation) _____

Severance Pay/Number of Weeks (if any) _____ Other Contractual Payments _____

Reason for Separation (Use reverse side of form if necessary)

Signature - Pastor/Administrator/Principal

Date

Pastor/Administrator/Principal Name: Please keep a copy for your records.

**TO BE COMPLETED BY STAFF MEMBER:
Certification and Application**

Do you anticipate receiving additional payments within the next year (i.e. wages from temporary or part time employment, retirement/pension, Workers' Compensation, long-term disability)?

Yes _____ No _____ If Yes, please describe: _____

I certify that the above information is accurate.* I have received information pertaining to the Transition Assistance Program and understand the provisions thereof. I hereby apply for Transition Assistance benefits.

Signature – Staff Member

Date

*Please use reverse side of form to explain any discrepancies.

Return original form to:

Human Resources Office, Archdiocese of Boston, 66 Brooks Drive, Braintree, MA 02184

**ARCHDIOCESE OF BOSTON - TRANSITION ASSISTANCE PROGRAM
AFFIDAVIT OF EMPLOYMENT STATUS AND JOB SEARCH ACTIVITY**

***Please make copies of this form for future use.**

Name _____ Telephone (_____) _____

Former Place of Employment _____

During the past two (2) weeks, I have applied for employment with:

1. Name of Organization _____
Address _____
City, State, Zip _____
Telephone (_____) _____ Contact Person _____
Position Applied For _____
Date of Application _____
Outcome of Application _____
Method of Application: ___ Resume Sent ___ In-Person Application ___ Interview

2. Name of Organization _____
Address _____
City, State, Zip _____
Telephone (_____) _____ Contact Person _____
Position Applied For _____
Date of Application _____
Outcome of Application _____
Method of Application: ___ Resume Sent ___ In-Person Application ___ Interview

3. Name of Organization _____
Address _____
City, State, Zip _____
Telephone (_____) _____ Contact Person _____
Position Applied For _____
Date of Application _____
Outcome of Application _____
Method of Application: ___ Resume Sent ___ In-Person Application ___ Interview

CERTIFICATION OF EMPLOYMENT AND PAY STATUS

This affidavit covers the two-week period ending on the Thursday prior to the TAP pay date. Please complete one of the options below.

I certify that I am unemployed, capable of working, available for work, and actively seeking work. I hereby authorize the Archdiocese of Boston to verify my employment search activity.

OR

I certify that during the period covered by this affidavit, I have earned gross wages of \$ _____ working for _____ (name of employer). I understand that on a weekly basis, per the TAP Plan document, any wages earned in excess of 30% of my TAP benefits may be offset against my TAP payments.

Signature: _____

Date: _____

**Please complete, sign and return form by 4pm Thursday of due date to the RCAB Human Resources Dept-
By U.S. Mail: Human Resources, Archdiocese of Boston, 66 Brooks Drive Braintree, MA 02184 or
By Fax: 617-746-5754 or
By Email: HR@rcab.org**

SCHEDULE FOR TAP 2018

When the Affidavit is due in HR	Show Job Search Activity from:	TAP PAY DATE
January 4	December 24 to January 4	January 12
January 18	January 7 to January 18	January 26
February 1	January 21 to February 1	February 9
February 15	February 4 to February 15	February 23
March 1	February 18 to March 1	March 9
March 15	March 4 to March 15	March 23
March 29	March 18 to March 29	April 6
April 12	April 1 to April 12	April 20
April 26	April 15 to April 26	May 4
May 10	April 29 to May 10	May 18
May 24	May 13 to May 24	June 1
June 7	May 27 to June 7	June 15
June 21	June 10 to June 21	June 29
July 5	June 24 to July 5	July 13
July 19	July 8 to July 19	July 27
August 2	July 22 to August 2	August 10
August 16	August 5 to August 16	August 24
August 30	August 19 to August 30	September 7
September 13	September 2 to September 13	September 21
September 27	September 16 to September 27	October 5
October 11	September 30 to October 11	October 19
October 25	October 14 to October 26	November 2
November 8	October 28 to November 8	November 16
November 21	November 11 to November 21	November 30
December 6	November 25 to December 6	December 14
December 19	December 9 to December 19	December 28
January 3	December 23 to January 3	January 11, 2019

Pay dates are normally on Fridays except when on a Federal holiday

**Shaded areas indicate early deadline*

Submit affidavits for each pay period (unless early deadline) before 4 pm Thursdays on due date.

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2018</div>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and					
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.					
If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
Date ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



Print full name
Print home address

Social Security no.
City..... State Zip

Employee:

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
 2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
 3. Write the number of your qualified dependents. See Instruction D.....
 4. Add the number of exemptions which you have claimed above and write the total.....
 5. Additional withholding per pay period under agreement with employer \$
- A. Check if you will file as head of household on your tax return.
 B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.
 D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.

Archdiocese of Boston

Payroll

Direct Deposit Form

P/R:	_____
By:	_____
Date:	_____

Employee: _____
(please print name)

Location: _____

New Participant

Change

Choose one or more of the following:

Full to Checking

Bank Name: _____

Account #: _____

Transit #: _____

Full to Savings

Bank Name: _____

Account #: _____

Transit #: _____

Partial: Checking
(check one) Savings

Amount: \$ _____ Bank Name: _____

Account #: _____

Transit #: _____

(check one) Savings

Amount: _____

Account #: _____

Transit #: _____

Notes: _____

I hereby authorize the Archdiocese of Boston to deposit the payment described above to my account at the financial institution named above. Also, the Archdiocese of Boston is authorized to adjust any other deposit which is caused to be made to my account. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by the Archdiocese of Boston.

Direct Deposit is normally active at the SECOND paydate after the initial data is entered into payroll. Please check your payroll check stub to verify account and dollar amounts.

Signed: _____ Date: _____

Note: **For Checking Accounts: Attach a voided check or a copy of one with this form**