

## Employee Direct Deposit Enrollment Form

To be completed by the Employer:

Client ("Employer") Name: \_\_\_\_\_

MW Client number: \_\_\_\_\_

Employer Contact name: \_\_\_\_\_

Employer Contact signature: \_\_\_\_\_

\*Employer Payroll Contact should complete the top portion of this form upon receipt from employee and be sure to communicate the employee's direct deposit information to a MinistryWorks representative. This enrollment form should be kept by the Employer for the period of time the Employee is enrolled in direct deposit, as well as the two years following.

To be completed by the Employee:

**Include a voided check or a bank authorization form with this enrollment form for each account listed.**

1. \_\_\_\_\_  
(Bank name) (City) (State) (Zip)

\_\_\_\_\_  
(Routing number 9 digits) (Account number) (Checking) or (Savings)

\$ \_\_\_\_\_ Net

2. \_\_\_\_\_  
(Bank name) (City) (State) (Zip)

\_\_\_\_\_  
(Routing number 9 digits) (Account number) (Checking) or (Savings)

\$ \_\_\_\_\_ Net

3. \_\_\_\_\_  
(Bank name) (City) (State) (Zip)

\_\_\_\_\_  
(Routing number 9 digits) (Account number) (Checking) or (Savings)

\$ \_\_\_\_\_ Net

I, \_\_\_\_\_, hereby authorize my Employer to initiate credit entries to the accounts listed above in order to deposit any amounts owed to me. I also authorize my Employer to debit these same accounts due to any amount deposited in error, which amount shall not exceed the amount erroneously deposited. I authorize the financial institutions indicated above to accept any such credits or debits made pursuant to this agreement. All debit and credit authority granted to my Employer herein is also granted to any payroll service provider under contract with my Employer to effectuate payroll. I agree that this authority will remain in effect until my Employer receives written notice from me of its termination.

Employee name: \_\_\_\_\_ Employee SSN (last four digits only): \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_