

Iowa-Missouri Conference

Direct Deposit Enrollment/Change Form*

Employee Name: _____ Employee Church or School Name: _____

EMPLOYEE: Retain a copy of this form for your records. Return the original to Iowa-Missouri conference.
 Fax# 515-223-5692; PO Box 65665, West Des Moines, IA 50265

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK / BLUE INK ONLY

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name:
Routing / Transit Number	
Checking / Savings Account Number**	
Financial Institution ("Bank") Name	
I wish to deposit (check one): <input type="checkbox"/> ____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay	

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name:
Routing / Transit Number	
Checking / Savings Account Number**	
Financial Institution ("Bank") Name	
I wish to deposit (check one): <input type="checkbox"/> ____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay	

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT CLEARLY IN BLACK / BLUE INK ONLY

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name:
Routing / Transit Number	
Checking / Savings Account Number**	
Financial Institution ("Bank") Name	
I wish to change my deposit amount to (check one): <input type="checkbox"/> From ____ % to ____ % of Net <input type="checkbox"/> From \$ ____ .00 To \$ ____ .00 <input type="checkbox"/> Remainder of Net Pay	

EMPLOYEE CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all application laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee Signature _____ **Date** _____

Note: Digital or Electronic Signatures are *not* acceptable.

Internal use only
 Approved by _____
 Date Received _____