

Employee Add/Change Form

You						Instructions: Please mark ADD or CHANGE			
First M.I.		Last Name			and return to your employer.				
						,)),		CHANGE	
Street Address									
						Requester	(optional)	
City, State, Zip						Name			
Social			Birth Date	Birth Date			Send to		
Email			Primary Phone			Return by	eturn by		
						_	_		
Pay Details									
Church/Organization						Hire Date			
Annual Salary/Hourly Rate			Department/Division (optional)			Pa Weekly	Pay Frequency Weekly Bi-Weekly Semi-Monthly		
						Monthly	Annual	,	
Optional Pay Notes									
Optional Deductions	Notes								
Your Payment Method									
Instructions Please enter your direct deposit options below. Multiple accounts may Check Example									
be used. Please see check example for correct routing and account #s. **ACHR/T1234 FOR **ACHR/T1234 FOR						194 0001234567	89* 1001		
Direct Deposit ABA Check Rout						umber Account Number	Check Number	ACH Routing/ Transit Number	
	Type (Select)	Amount/	/Percent	Routing #	123456789	Account #	1001	123456789	
	Type (Serect)	Amounty	rereent	Nouting II		/ CCOUNTEN			
Primary Account									
	Туре	Amount/	Percent	Routing #		Account #			
Secondary Account									
Direct Deposit Autho									
				s owing to me by initiating ries in error to my (our) acc					
				full force and effect until cond depository a reasonable					
termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it. I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold the company, thread, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the company or thread, their employees, including, without limitation, any claim based									
				n by the company or thread aim which may be made by					

because of insufficient funds arising from the failure to credit deposits to his/her account.