**Employee Name**

|  |  |
| --- | --- |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |

**Payment / Reimbursement Type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Regular Payroll Check |  | All Other Reimbursements |  | Both |

**Bank / Financial Institution (F.I.) #1**  **(attach a voided check or savings deposit slip)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Entire Check Amount |  | Bank / F.I. Name: |  | | | | |
|  | or |  | Bank / F.I. – City, ST: |  | | | | |
|  | Flat $ Amount | $ | Routing #: |  | | | | |
|  | or |  | Account #: |  | | | | |
|  | Percent % of Check |  |  |  | | | | |
|  |  | | Account Type: |  | Checking |  | Savings |

**Bank / Financial Institution (F.I.) #2** **(attach a voided check or savings deposit slip)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Remaining Balance |  | Bank / F.I. Name: |  | | | | |
|  | or |  | Bank / F.I. – City, ST: |  | | | | |
|  | Flat $ Amount | $ | Routing #: |  | | | | |
|  | or |  | Account #: |  | | | | |
|  | Percent % of Check |  |  |  | | | | |
|  |  | | Account Type: |  | Checking |  | Savings |

**Bank / Financial Institution (F.I.) #3 (attach a voided check or savings deposit slip)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Remaining Balance |  | Bank / F.I. Name: |  | | | | |
|  |  |  | Bank / F.I. – City, ST: |  | | | | |
|  |  |  | Routing #: |  | | | | |
|  |  |  | Account #: |  | | | | |
|  |  |  |  |  | | | | |
|  |  | | Account Type: |  | Checking |  | Savings |

I (we) hereby authorize Trinity Fellowship to initiate entries to my (our) checking/savings accounts at the financial institution(s) listed above (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the church is notified by me (us) in writing to cancel it in such time as to afford the church and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

***Business Office Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| Entered By: |  | Date: |  |