

Maranatha Christian Reformed Church Direct Deposit Agreement

I/We authorize *Maranatha Christian Reformed Church* to deposit funds to my bank account for: expense reimbursements, contract and miscellaneous payments, and payroll.

This authorization will remain in effect until *Maranatha Christian Reformed Church* has received written notification from me of its change or termination.

Signature: _____ Date: _____

Contact Information

Name: _____ Telephone: _____

Address: _____

Email: _____

Bank Account Information

FI Transit Number

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Route

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Account Number

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Financial Institution Name: _____

Branch Address: _____

A VOID cheque or a direct deposit validation form completed and stamped by your financial institution must be attached and returned to:

The Treasurer mailbox at MCRC
or
Maranatha Christian Reformed Church
PO Box 20008 RPO Beverly
Edmonton, AB T5W 5E6