

Payee Setup Form for Nontaxable Reimbursements and Payments

Please complete this form and send it to Accounts Payable.

Personal Information

Name		Employee ID (if applicable)
Department or additional information		Phone (with area code)
Physical address (required)		
City	State or province	Postal code
Mailing address (optional)		
City	State or province	Postal code
Email address		

Bank Information

By signing below, I certify that all personal information and bank information on this form is correct, and I authorize the legal entities of The Church of Jesus Christ of Latter-day Saints ("the Church") to process my personal bank account information for the sole purpose of making direct deposits to my bank account. I also understand and agree that the Church may need to disclose the personal information on this form to my bank or other financial institution in order to make the direct deposit payment.

Depository bank name	U.S. routing number (9 digits) or Canada branch transit number (8 or 9 digits)
Account number	Account type (please select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signature

By signing below, I certify that all personal information and bank information on this form is correct.

Name (please print)	
Signature	Date

For Office Use Only

Requesting department	
Name (please print)	
Required signature	Date
Signature of controller or controller's designee	Date