

THE CHURCH OF
JESUS CHRIST
 OF LATTER-DAY SAINTS

Payee Set Up Form -- Non-Taxable Reimbursements/Payments

Personal Information		
Name		Employee ID# (If applicable)
Department/Additional Information		Phone
Physical Address (Required)		
City	State/Province	ZIP/Postal
Mailing Address (Optional)		
City	State/Province	ZIP/Postal
Email Address		

**For faster and more secure payment, please provide bank account information below.
 If none is provided, a check will be mailed.**

Bank Information		
Depository bank name		
US Routing Number (9-Digits) / CAN Branch Transit Number (8-9 Digits)		Account Number
Account Type (Please select one:)		
Checking		Savings

**By signing below, I certify that all personal information and
 bank information (if applicable) listed above are correct.**

Printed Name	Signature (Required)	Date
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For Church Representative authorized to approve reimbursement/payment

Name of Requesting Department		
Printed Name	Signature	Date

Please complete this form and send to Accounts Payable. (9/2013 00424SI)