

**EFT**

**Information**

PLEASE PRINT OR TYPE

Employer Name			
Employer Account Number*			
Address	Town/City	State	Zip Code
Phone		Email Address	

**Bank Information**

Name of Bank		Bank Telephone Number	
Bank Routing Number*		Bank Account Number*	
Bank Address	Town/City	State	Zip Code

Is the transaction type to be directly deposited into your account as per your instructions above?

Yes  No

**Please include a digital photo or scan of a voided check.**

**EFT Authorization Agreement**

Upon completion of this form, I hereby authorize The Ministers and Missionaries Benefit Board (MMBB) to deposit payments electronically into my account or withdraw any funds from my account as instructed above. Further, I authorize MMBB to initiate, if necessary, debit entries and adjustments for any credit entries made to my account in error. To ensure that my account is properly credited or debited as instructed above, I have attached a voided check from my checking account where my payments will be deposited or withdrawn. I agree that this authorization will remain in effect until I provide notification terminating this service.

Signature of Authorized Personnel*	Date (mm/dd/yyyy)*
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**Please return this completed form to:**

**The Ministers and Missionaries Benefit Board**

475 Riverside Drive, Suite 1700 New York, NY 10115-0049  
Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org or you can email it to billing@mmbb.org.