



## Employee Enrollment Request Form

Directions for Member Use:

- 1) Ensure entire form is complete, then sign and date
- 2) Employer/Company should review this form for completeness and suitability

**Employer/Company Name:** \_\_\_\_\_

**Employer Address** \_\_\_\_\_

I (we) authorize the above named Employer/Company to initiate credit entries to Brookland Baptist Church account indicated below and to credit the same to such account. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with provisions of U.S. law.

Account Type	Checking
Account Number	<b>51300003015</b>
ABA Routing Number	<b>053285487</b>

Employee Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

If you have any questions, please contact Brookland Finance Department at 803-796-7525.