

Tymetric A. Robinson  
President

Tonya Briggs  
Vice-President



MISSIONARY LEADERSHIP ACADEMY  
212 INDUSTRIAL PARK RD  
STARKVILLE, MS 39759  
PHONE: (662) 370-0621  
EMAIL: [INFO@OUR-MDC.ORG](mailto:INFO@OUR-MDC.ORG)

## EMPLOYMENT DIRECT DEPOSIT AUTHORIZATION FORM

### EMPLOYEE INFORMATION

Employee Full Name: \_\_\_\_\_

Employee ID (if applicable): \_\_\_\_\_

Job Title/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### BANKING INFORMATION

Bank Name: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Account Holder Name (as it appears on bank account):  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:

- Checking
- Savings

Routing Number / Sort Code: \_\_\_\_\_

(Please attach a voided check or official bank document for verification)  
\_\_\_\_\_

### PAYMENT INSTRUCTIONS

- Deposit entire net pay into the account listed above
- Split deposit (attach additional instructions if applicable)

**“Faith-driven leadership. Excellence in education. Service with purpose.”**

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## AUTHORIZATION

I hereby authorize **Missionary Leadership Academy** to deposit my wages directly into the bank account listed above. I understand that this authorization will remain in effect until I provide written notice to change or cancel direct deposit.

I acknowledge that it is my responsibility to notify the school immediately of any changes to my banking information. I understand that incorrect information may delay payment.

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**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FOR OFFICE USE ONLY

Processed By: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Payroll Effective Date: \_\_\_\_\_