

Direct Deposit / or Money Network Program



**INCOMPLETE, UNREADABLE, UNSIGNED or FORMS WITHOUT
a VOID CHECK / BANK ACCOUNT VALIDATION DOCUMENT
WILL NOT BE PROCESSED.**

The Money Network Program will automatically be issued to employees at MNP participating location if this form is not completed & returned prior to payroll processing.

Employee Name: _____ Emp ID/SSN#: _____

Store#: _____ Contact Ph#: _____ City/State: _____

Please review the Direct Deposit options and Money Network Program outlined below. Please select one or both methods of payment to receive your Payroll.

It is your responsibility to contact the bank and verify your ABA Routing Number before submission of this form.

I hereby authorize 7-Eleven's Payroll Department to directly deposit my net pay in the bank account(s) and/or Money Network Program account listed below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Subject to any applicable state law, should 7-Eleven, Inc. transfer an amount that is incorrect to you account, 7-Eleven, Inc. reserves the right to reverse any such transfer to correct the error. Your signature on this document indicates that you expressly grant 7-Eleven, Inc. the right to do so.

Employee Signature: _____ Date: _____

A voided check or bank document that displays your Name, Current Address, Account & Routing Number is required.
(Deposit Slips & Bank Statements are not accepted).

- I want 100% of my pay direct deposited to my bank account.
- I want 100% of my pay deposited to the Money Network Program.
- I have direct deposit at another 7 - Eleven location. Please set up my existing account at this location.
- Stop my current bank direct deposit and setup the Money Network Program.
- Stop my current bank direct deposit and setup my new bank direct deposit.
- Stop my Money Network Program deposit and setup my new bank direct deposit.
- I want to add an additional account to my current bank direct deposit or Money Network Program deposit.

Bank Name	Account Number#	ACH/Routing#	Checking	Savings	Amount \$ or %
1.					
2.					
3.					

Return the completed form to the Payroll Department (Loc. 278) by faxing to Payroll 1-877-711-6344 or open an online CHD case.
This form must be complete and required documents attached in order for your request to be processed.