



Toll Free: 800-829-7110

Employee #
For Office Use Only

Email: CDSHR@mymrci.org

Electronic Pay Statement Opt-Out Form

If you would like to opt out of MRCI’s online portal and receive your bi-weekly pay statement by mail, please fill out the form below.

Employee Name: _____ Last 4 of Social Security #: _____

Client Name: _____ Employee Ph # _____

I elect to receive my pay statements by mail. I understand that they will be mailed from the ADP processing center which is located in Ohio. This will be effective the pay date after the form is received by MRCI.

Employee Signature: _____

Date: _____

10/2019

Office Hours:
Monday – Friday 8a-4:30p

1961 Premier Drive, Suite 318
Mankato, MN 56001

www.MRCICDS.org