



Toll Free: 800-829-7110

Employee #  
For Office Use Only

Email: [CDSHR@mymrci.org](mailto: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

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)