

**PAYROLL DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION**



Member Name: _____ Co# _____ Social Security # _____

Company Name: _____ Member No _____

New Authorization Chg in Authorization Cancel Payroll*

** By selecting "Cancel Payroll", this will not close the account. An Account Change Card must be signed to close the account*

Deposit Amount: Net Check or \$ _____

Members Exchange Credit Union Routing #: 265377484

***Checking Account**

Account Number: _____ Amount: \$ _____

Savings Account

Account Number: _____ Amount: \$ _____

For Credit Union Use Only

Distribution to Other Accounts

Primary Savings Account Amount: _____

*Checking (additional form needed to open checking) Amount: _____

Christmas Club Amount: _____

Vacation Club Amount: _____

Money Market Amount: _____

Third Party Amount: _____

IRA Savings Amount: _____

Other _____ Amount: _____

Total: _____

***If you do not currently have a checking account, you must establish one first before payroll can be designated.**

I hereby authorize my Employer to deduct from my salary the amounts set forth above and deposit these funds in the accounts designated for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Agreement.

Member Signature

Date

Date Entered: _____ Initials: _____