



# 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: \_\_\_\_\_

Holiday Club      Amount: \_\_\_\_\_

Vacation Club      Amount: \_\_\_\_\_

Money Market      Amount: \_\_\_\_\_

Special Savings      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: \_\_\_\_\_