

DEPOSIT OF NET PAY (EFT) / AUTHORIZATION			Plant/Facility/Activity	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
CISCO	SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL
Check applicable box: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Account Number <input type="checkbox"/> Change in Bank <input type="checkbox"/> Cancel Enrollment (Sign and Date Below)				
<i>I hereby authorize my employer, it's benefit plans and/or its agents, to deposit my net pay to my account maintained with the following financial institution</i>				
Name and Address of Financial Institution (Street, City, State, and Zip Code) Members Exchange Credit Union, P.O. Box 31049, Jackson MS 39286			Financial Institution Phone Number 601-922-3350	
Information Verified by Financial Institution Representative: Name: _____ Date: _____				
FINANCIAL INSTITUTION ABA ROUTING NUMBER 265377484		(Check One) <input type="checkbox"/> CHECKING (Attach Voided Check) <input type="checkbox"/> SAVINGS (Attach Deposit Slip)		
EMPLOYEE BANK ACCOUNT NUMBER (Including Dashes and Spaces)			FOR OFFICE USE ONLY Hourly Bank Code: ___ ___ ___	
EMPLOYEE SIGNATURE: _____ DATE: _____				Daytime Phone Number
GENERAL GUIDELINE FOR HOURLY AND SALARY EMPLOYEES				
<ul style="list-style-type: none"> ▪ Secure ABA Routing Number and Personal Account Number <u>from your financial institution.</u> ▪ Effective date is dependent upon the accuracy of <u>all</u> information furnished by employee. ▪ Participation in the deposit plan is contingent upon acceptance of our deposit procedure by the employee's financial institution. ▪ Generally, it takes two weeks from receipt to process this request. ▪ Only the full net pay amount will be deposited. ▪ The deposit notice will be mailed to the employee's address of record. ▪ Changes in bank or account number are to be reported immediately on this form. ▪ Sickness and Accident (S&A) and Extended Disability Benefit (EDB) payments will be deposited to the financial institution of record in the payroll system. ▪ Whenever a change in ABA routing number is submitted by a salary employee, this will result in the temporary suspension of EFT and the receipt of one actual paycheck. For hourly employees, changes to either the ABA routing number or the actual number will result in the temporary suspension of EFT and the receipt OD at least one actual paycheck. 				
HOURLY EMPLOYEE SPECIFIC GUIDELINES				
<ul style="list-style-type: none"> ▪ If the Payroll Department cannot meet the weekly deposit schedule (e.g., bank and/or company holidays), a regular payroll draft will be issued on the regular scheduled pay day. ▪ Workers Compensation (W.C.) and Supplemental Unemployment Benefit (SUB) payments will not be deposited. 				