



**Memorial Employees**  
Federal Credit Union

**DIRECT PAYROLL DEPOSIT  
EMPLOYEE AUTHORIZATION FORM**

- I DO** want direct deposit and authorize the Memorial Healthcare System to deposit my pay to the account indicated below. This authority is to remain in force until the Memorial Healthcare System has received written notification from me to terminate it. This is an initial authorization.
  - Change in Authorization (check here if you want to continue direct deposit, but this is a new financial institution and/or a new account number).
- I DO NOT** want to continue direct deposit.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee Department

**Memorial Employees Federal Credit Union**  
\_\_\_\_\_  
Credit Union

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:*

<b>Direct Deposit to:</b>	
Routing Number: <u>267078736</u>	<input type="checkbox"/> Savings <input type="checkbox"/> Net Check
Account Number: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Net Check

<b>Payroll Deduction to:</b>		Member Number: _____
<input type="checkbox"/> Savings <input type="checkbox"/> Start	+ <input type="checkbox"/> <i>or</i> - <input type="checkbox"/>	\$ _____ per Payroll period; new total = \$ _____
<input type="checkbox"/> Change		
<input type="checkbox"/> Stop		
<b>Credit Union Use Only:</b>		
<input type="checkbox"/> Savings	\$ _____	per Payroll period
<input type="checkbox"/> Checking	\$ _____	per Payroll period
<input type="checkbox"/> Holiday Club	\$ _____	per Payroll period
<input type="checkbox"/> Vacation Club	\$ _____	per Payroll period
<input type="checkbox"/> Money Market	\$ _____	per Payroll period

**YOU MUST STAPLE A "VOIDED" PERSONAL CHECK TO THIS FORM AND FORWARD IT TO THE PAYROLL OFFICE.**

**(STAPLE VOIDED CHECK HERE)**