

MUNICIPAL CREDIT UNION DIRECT DEPOSIT DISTRIBUTION REQUEST

ACCOUNT NUMBER				DEPOSIT ACCOUNT NUMBER			
1580663				[REDACTED]			
NAME				EMPLOYER ID			
MR CLYDE WASHINGTON				[REDACTED]			
SOCIAL SECURITY #				PAYROLL GROUP			
[REDACTED]				000000			
TOTAL DEDUCTION				TYPE		ID	
\$ 1,086.12				SHARE		02	
<input type="checkbox"/> WEEKLY			<input checked="" type="checkbox"/> BI-WEEKLY			<input type="checkbox"/> MONTHLY	
ACCOUNT#	TYPE	ID	AMOUNT	ACCOUNT#	TYPE	ID	AMOUNT
[REDACTED]	LOAN	21	\$ 45.50				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
TOTAL DISTRIBUTION AMOUNT			DATE		REP.		
\$ 45.50			05/31/19		ARRION FLETCHER		

I authorize Municipal Credit Union to distribute the direct deposit of my payroll or US government payment as noted on this form. I understand that in order for the direct deposit of my paycheck or government payment to begin I must first complete and file a separate agreement with my employer or the appropriate government agency. If ever an incorrect amount should be deposited to my account(s). I authorize the Municipal Credit Union to make the appropriate adjustments. I also acknowledge receipt of the Electronic Funds Disclosure statement.

NOTE: Any portion of a direct deposit not specifically designated for distribution to a particular account will be deposited in to the account you designated on the direct deposit authorization form.

Signature: _____ Date 05/31/19