MUNICIPAL CREDIT UNION DIRECT DEPOSIT DISTRIBUTION REQUEST

ACCOUNT NUMBER	DEPOSIT ACCOUNT NUMBER
[redacted]	[redacted]
NAME	EMPLOYER
[redacted]	[redacted]
SOCIAL SECURITY #	PAYROLL GROUP
[redacted]	000000
TOTAL DEDUCTION	TYPE / ID
$ 2,308.47	SHARE 02

☐ WEEKLY ☒ BI-WEEKLY ☐ MONTHLY

ACCOUNT#	TYPE	ID	AMOUNT	ACCOUNT#	TYPE	ID	AMOUNT
[redacted]	LOAN	22	$ 91.00				$
			$				$
			$				$
			$				$
			$				$
			$				$
			$				$
			$				$
			$				$
			$				$
			$				$
			$				$

TOTAL DISTRIBUTION AMOUNT	DATE	REP.
$ 91.00	07/05/19	MAKEIDA ATWELL DAVID

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: [redacted] Date 07/05/19