



Members Financial Federal Credit Union

Direct Deposit

Please complete and forward to your payroll department.

Authorization Code:

- New
- Change
- Cancel

I Authorize you and Members Financial Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

- Checking Account #**

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- Savings Account #**

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This Authority will remain in effect until I have cancelled it in writing.

Financial Institution Information:

Members Financial Federal Credit Union

PO Box 9609

Midland TX 79708

Account Holder Information:

Name: _____

Employer: _____

Date: _____

Routing (ABA) Number: **316386476**

Signature: _____

Attach Voided Check If Employer Requires (Checking Account Only)