



SAVINGS DIRECT DEPOSIT DISTRIBUTION FORM

Form can be faxed, delivered or mailed to a credit union office. Fax # 417-820-7782

Name _____

Acct # _____

Employee# _____

Physicians Payroll Yes No

Stop

#__ Share _____

#__ Loan _____

Start

#__ Share _____

#__ Loan _____

Change

#__ Share _____

#__ Loan _____

Same

#__ Share _____

#__ Loan _____

#__ Share _____

#__ Loan _____

Effective date on Paycheck
(PRENOTE DATE)

Savings Direct Deposit Total _____

Checking Direct Deposit Amount Total _____

Stop

Change

Start

Same

STARTS CAN TAKE UP TO 2 PAY PERIODS TO RECEIVE!!!

I hereby authorize you to deduct the following amount from my pay each payroll period until further notice and deposit in the Mercy Credit Union. Routing # 286586416.

Signature _____ Date _____ Phone # _____

Teller #