



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 _____

1. Savings Direct Deposit Total _____

Stop ☐

Change ☐

Start ☐

Same ☐

2. Checking Direct Deposit Amount Total _____

Effective date on Paycheck (PRENOTE DATE) _____

____ Starts can take up to 2 pay periods to receive. Please review your Mercy pay stub to ensure the proper amount is deducted to your account. For loan payments, if your payroll deduction does not start before your first payment, you are still responsible for that payment.

____ I understand when my loan pays off, the payroll deduction will continue until I complete a new payroll deduction form to make a change.

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

Signature _____ **Date** _____ **Phone #** _____

Teller # _____