

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 No
Stop	# Share	# Loan
Start	# Share	# Loan
Change	# Share	# Loan
Same	# Share	# Loan
	# Share	# Loan
	1. Savings Direct Depos	sit Total
Stop Start Same Same	2. Checking Direct Dep	oosit Total
deductions are made to your according first payment, you are still respon	ds to receive. Please review yount. For loan payments, if yousible for that payment.	our Mercy pay stub to ensure the proper our payroll deduction does not start before your ll continue until I complete a new payroll
deduction form to make a chang		in continue until I complete a new payron
I hereby authorize you to deduct the amount Credit Union. Routing # 286586416.	above from my pay each payroll	period until further notice and deposit in the Mercy
Signature	Date	Phone
Teller #		
Office Use Only	Amounts Correct Totals La	awson# Status Signature Teller #