



# Members Credit Union

## Authorization Agreement for Direct Deposit of Payroll

I/we hereby authorize \_\_\_\_\_  
herein after called "Company," to initiate credit entries or debit corrections to  
my/our \_\_\_\_\_ account indicated below and the Financial  
Institution named below to credit or debit the same to such account.

**Members Credit Union**

**North Carolina**

Financial Institution

State

**253177793**

Bank Transcript/ABA Number

Account Number

This authority is to remain in full force and effect until Company has received  
written notification from me of its termination in such time and in such a manner  
to afford Company a reasonable opportunity to act on it.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date