

## Members Preferred Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code:  New  Change  Cancel

I authorize you to deduct the following amount from my pay and credit my account at Members Preferred Credit as shown. This authority will remain in effect until I have cancelled it in writing.

Checking Account #  \$

Savings Account #  \$

Loan/Suffix \_\_\_\_\_ #  \$



Loan/Suffix \_\_\_\_\_ #  \$

Other/Suffix \_\_\_\_\_ #  \$

Other/Suffix \_\_\_\_\_ #  \$

Each period:              Weekly \_\_\_\_\_ Bi Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_

Financial Institution Information	Account Holder Information
<b>Financial Institution:</b> Members Preferred Credit Union	<b>Name (Please print):</b>
<b>Address:</b> PO Box 2200	<b>SS#:</b>
<b>City, State, Zip:</b> Idaho Falls, Idaho 83404	<b>Signature:</b>
<b>Employer Name:</b>	<b>Date:</b>
<b>Address:</b>	
<b>City, State, Zip:</b>	

 324173121   
TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.