



514 N L ROBINSON DR. ARLINGTON, TX 76011

DIRECT DEPOSIT FORM

This is a generic form created by the credit union as a convenience to our members. Please note that not all companies will accept this form and you may be required to complete one of their forms.

Instructions:

1. Complete this form.
2. Please forward the completed form to your payroll office or company's designated department.

Employer: _____

Employee Name: _____

Employee ID # or Social Security Number*: _____

Savings Account# : _____ Loan #: _____

Deposit Amount**: \$ _____ . _____

Frequency: ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

**Mount Olive Baptist Church
Federal Credit Union**

Arlington, TX, 76011

111993763

Financial Institution

City, State, Zip

Routing Number

I authorize the above-listed employer/payroll office to initiate direct deposit in the amount listed above to my Mount Olive Baptist Church Federal Credit Union account. If there are any funds deposited to my account that I am not entitled to receive, I authorize the employer/payroll office to initiate a reversal entry to correct the deposit. This Authorization will remain in effect until my employer/payroll office is notified in writing. I understand that the authorization may be rejected or discontinued by my employer at any time. If any of the above information changes, I understand it is my responsibility to notify my payroll department.

Member Signature

Date

*Your social security number is being used for accurate employee identification purposes.

**Not all companies allow a partial deduction; please contact your payroll department for verification.

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