

**Payroll / Direct Deposit
Distribution Authorization**



Please Check One:

NEW Direct Deposit **CHANGE Direct Deposit** **CANCEL Direct Deposit**

Employer: _____

Employee Name: _____

Employee ID: _____ Social Security #: _____ - _____ - _____

Employee Telephone #: _____ Employee Email: _____

Mississippi Federal Credit Union Routing #: **265377549**

Amount of Direct Deposit: \$_____ Direct Deposit Start Date: ___ / ___ / _____

MSFCU Account #: _____

MSFCU Account Type: ___Savings ___Checking ___Other: _____

Frequency of Direct Deposit: ___Monthly ___Semi-Monthly ___Bi-Weekly ___Weekly

I hereby authorize My Employer to initiate direct deposit entries to my Mississippi Federal Credit Union (MSFCU) account for the amount listed above. I further authorize MSFCU to accept and credit the amount of the entries to my MSFCU account as shown.

I understand this authorization will continue until My Employer receives written authorization from me of its change or termination and in such time and manner to afford MSFCU and My Employer reasonable opportunity to act on it. In no event shall termination be effective to entries processed by My Employer prior to receipt of notification.

Employee Signature

Date

Mississippi Federal Credit Union Use Only:

Intake/Received by: _____ Teller #: _____ Date: _____

Further Distributions: ___Loans ___Share ___Checking ___Other: _____

Revised 10/2024