

**Payroll / Direct Deposit
Distribution Authorization**



**MISSISSIPPI FEDERAL
CREDIT UNION**

P.O. Box 55889 • Jackson, MS 39296
PH: 601-351-9200 • TF: 800-643-1567 • msfcu.us

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 Sept 2020