



## 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.

Employee Name \_\_\_\_\_  
Employee Number or Social Security Number\* \_\_\_\_\_  
Account Number \_\_\_\_\_

Transaction Type:             Savings

**Mount Olive Baptist Church FCU**

*Name of Financial Institution*

**Arlington, TX 76011**

*City, State, Zip*

**111993763**

*Routing Number:*

Employer/Payroll Office

Deposit Amount             Net Check   or    \$\_\_\_\_\_ (specific amount) \*\*

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.