



Direct Deposit Authorization Form

This Authorization Agreement allows a Direct Deposit(s), or a change to an existing Direct Deposit arrangement, to your Members Choice WV FCU account. The member is to complete this form and submit to their employer or Depositor. Ensure your information is correct, and retain a copy for your records. If the employer or Depositor has any questions, the member must contact the credit union at (304) 346-5242 or Toll Free (800) 526-5242.

Personal Information

Member Name (must include any suffixes): _____

Address: _____

Home Phone: _____

Work Phone: _____

Account Information

Financial Institution: **Members Choice WV
Federal Credit Union**

Account Type:
Savings Checking

Routing Number: **251983798**

Account Number: _____

Deposit Information

Effective: Immediately Beginning On _____

Amount: Entire Net Pay % of Net Pay _____ Specific Dollar Amount _____

Authorization Agreement/Signature

I authorize _____ to initiate automatic credit entries and, if necessary, to initiate debit entries and adjustments in the event a credit entry is made in error to the account listed above at Members Choice WV FCU. This agreement will remain in effect until I notify you in writing that I revoke this authorization, or until I submit a new form.

Signature

Date