



DIRECT DEPOSIT FORM

This form is for cooperative use only and does not need to be returned to MECE Credit Union.

NAME: _____ COOPERATIVE: _____

I hereby authorize you to send the deposit amount each pay period to my MECE Credit Union account for the effective payroll date.

Savings Account Number: _____ \$ _____

Checking Account Number: _____ \$ _____

Effective Payroll Date: _____ Total Amount: \$ _____

EMPLOYEE SIGNATURE: _____ DATE: _____

** If there is a transfer that needs to be changed, please contact the Credit Union.**