

# Direct Deposit Authorization Form

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the direct deposit of my net pay or payroll deduction by my employer in the account and financial institution indicated below. I understand that such deposit will be made each succeeding payday, unless I choose to terminate this authorization in writing to my employer. I also understand that notification to terminate or make changes to the directives below requires that a new Direct Deposit Authorization form be completed and submitted to my employer and that the last fully completed form will stay in effect until another is received.

Further, I agree not to hold my employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

In the event that funds are erroneously deposited into my account, I further authorize my employer to debit my account for an amount not to exceed the original amount of the credit, with the understanding that all debits will be made before the assigned pay-date.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DIRECT DEPOSIT ACTION REQUESTED (check only one)

Check **START** if you don't have direct deposit and wish to start

Check **CHANGE** if you have direct deposit and wish to change from your financial institution to MCTFCU or just wish to change your account number or account type (Checking/Savings)(

### ACCOUNT INFORMATION

Employee Name: \_\_\_\_\_

**Name of Financial Institution:** **Monroe County Teachers Federal Credit Union**  
**P.O. Box 2666, Key West, FL 33045-2666**

**Routing Number: 267079544**

Account                      Account Number (enter below)

Checking                      - - - - -

Savings  
(4 or 5 Digits)                      - - - - -

Net Pay or

\$ \_\_\_\_\_  
Amount Per Pay Period

### Employee Information

Employer & Location

Employee Number

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Payroll Use Only

Date Received    Date Processed    Processor

\_\_\_\_\_

COPY OF MCTFCU SAMPLE CHECK INSERTED

Routing Number                      Account Number