

Please complete this form and submit it to your employer’s payroll department. If your payroll or benefits provider prefers to use their own form, you can use this as a reference.

Member Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

MCU Routing Number: 226078036

MCU Account Number*: _____

Checking Account Savings Account ➔ **Check One Only**
 Net Pay Allotment \$ _____

If you want a portion of your net pay to be disbursed to second MCU account, please complete the below account information, allotment and dollar amount.

MCU Routing Number: 226078036

MCU Account Number*: _____

Checking Account Savings Account ➔ **Check One Only**
 Net Pay Allotment \$ _____

* You can locate your MCU account number by logging into your account on nymcu.org and clicking the eye icon to reveal the whole account number, on your statements, or via the NYMCU mobile app.

I authorize _____ (employer/company name) to deposit my earnings into the MCU account(s) specified above and, if necessary, to electronically debit my account(s) to correct erroneous entries. I certify my account(s) allow(s) these transactions. Furthermore, I certify that the above listed account number(s) accurately reflect(s) my intended receiving account(s). I agree that direct deposit transactions I authorize comply with U.S. law. My signature below indicates that I am agreeing that I am the account holder and I authorize my employer/company to make direct deposits into the named account(s). I understand this authorization will remain in effect until I modify or cancel it in writing.

X _____

Member SignatureDate