



Methodist Healthcare Federal Credit Union

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize _____ (employer) to initiate automatic deposits to my account at the financial institution named below and also authorize you to make reversals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the above named company 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.

This agreement will remain in effect until the above named company receives a written notice or cancellation from me.

Account Information

Name of Financial Institution: Methodist Healthcare Federal Credit Union

Routing Number: 284084949

Account # _____

Social Security Number: _____

Direct Deposit OR Specific Amount \$ _____

Signature

Authorized Signature _____ Date _____