



Direct Deposit Form

Please complete the direct deposit form and provide to your local branch for processing.

MEMBER INFORMATION	
Authorization Code:	<input type="radio"/> New <input type="radio"/> Change <input type="radio"/> Cancel
I authorize you and MTC Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:	
Checking Account #	\$
Savings Account #	\$
each pay period. This authority will remain in effect until I have cancelled it in writing.	
FINANCIAL INSTITUTION INFORMATION	ACCOUNT HOLDER INFORMATION
Financial Institution: MTC Federal Credit Union	Name (Please Print):
Address: PO Box 1944	SS#:
City, State, Zip: Greenville, SC 29602	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

Transit Routing Number (ABA): 053285173

STAPLE VOIDED CHECK HERE