

# Direct Deposit Form



## Authorization Agreement

I hereby authorize my employer to initiate automatic deposits to my account at Mid American Credit Union. I also authorize my employer to make withdrawals from this account in the event that a credit entry is made in error.

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 Mid American Credit Union or due to an error on the part of Mid American Credit Union in depositing funds to my account.

This agreement will remain in effect until my employer receives a written notice of cancellation from me or Mid American Credit Union, or until I submit a new direct deposit form to the Payroll Department.

## Account Information

Member Name

---

Routing Number

301180124

---

Account Number

---

Checking

Savings

## Signature



\_\_\_\_\_  
**Authorized Signature**



\_\_\_\_\_  
**Date**