



## Direct Deposit Authorization Form

Please complete and return to Media City Community CU

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

Depository Financial Institution: Media City Community CU  
1020 West Olive Ave  
Burbank, CA 91506  
(818) 238-2950  
Routing/Transit Number: 322275856

### Deposit Instructions

Please mark checking or savings for the deposit of your funds. Not all employers offer direct deposit. Some employers may require you to complete a different form.

**CHECKING**

**SAVINGS**

**MCCCU Account Number:** \_\_\_\_\_

Note regarding MCCCU Account/Member number you supply on this form: Do not include an account subtype at the end of your Account number. No zeros need to be in front of the Account number. You are responsible for supplying your correct MCCCU Account number. MCCCU will ensure the direct deposit is routed to the account submitted electronically to us via your employer.

**If you want direct deposit to your MCCCU checking account, please attach a voided check to this form.**

As outlined in the rules that govern ACH processing MCCCU will honor all debits or credits to your account that are presented with the correct routing number and Account number.

To verify your Member number please contact MCCCU at (818) 238-2950.

### Authorization

I hereby agree that:

- My employer and my employer's financial institution can initiate credit entries or debit entries to my designated Media City Community CU account as necessary to directly deposit my net pay or to correct any erroneous credit entries. Erroneous credits may be reversed by debit entry without advance notice to me, although I will be notified by my employer after the fact if an erroneous credit is reversed. I must restore any negative balance in my MCCCU account that results from reversal of an erroneous credit.
- MCCCU may credit and/or debit entries initiated by my employer and my employer's financial institution to my designated Media City Community CU account.
- This authorization will supersede any previous requests for my direct deposit and remain in full force and effect until I submit to my employer a written notice of change or cancellation. Any change or cancellation must be provided in a time and manner that affords my employer and Media City Community CU a reasonable opportunity to act on it.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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