

New or Change Cancel

Please Print

Name	Social Security #
Day Phone ()	Work Phone # or Ext. ()
Name of Financial Institution Mid Cities Credit Union	Address 325 S. Santa Fe Avenue, Compton, CA 90221
Phone of Financial Institution (310) 638-5147	Fax # of Financial Institution (310) 638-8650
Routing/ABA # 3222-7465-3	Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Partial amount \$	Full amount \$

I hereby authorize my employer to initiate Direct Deposit (electronic deposits) and if necessary, debit corrections to previous deposits to the above mentioned account.

I further understand and acknowledge the following:

- Direct Deposit status is not activated until 10 days following a \$0 test transaction for New or Change authorization.
- I must submit a new authorization form if I change my account (name, financial institution, account type, etc).
- Direct Deposit status will be temporarily suspended if wages are garnished.
- Direct Deposit status may be suspended or rescinded if necessary to meet payroll deadlines or under other extreme conditions.

I agree to hold harmless and indemnify Mid Cities Credit Union and their officers, volunteers, employees and staff for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new Direct Deposit Authorization Form.

Signature _____ Date _____

For Employer's Use Only

Inputted by: _____ Date _____



ASI By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. The credit union is not insured by any state government.