



Members Credit Union

Authorization Agreement for Direct Deposit of Payroll

I/we hereby authorize _____
herein after called "Company," to initiate credit entries or debit corrections to
my/our _____ account indicated below and the Financial
Institution named below to credit or debit the same to such account.

Members Credit Union

North Carolina

Financial Institution

State

253177793

Bank Transcript/ABA Number

Account Number

This authority is to remain in full force and effect until Company has received
written notification from me of its termination in such time and in such a manner
to afford Company a reasonable opportunity to act on it.

Name

Social Security #

Signature

Date