



PAYROLL DEDUCTION AUTHORIZATION

Please enter information in full. This form will be sent to your employer.

Company Name (Print) _____

Street _____

City _____ State _____ Zip _____

Name _____

Street _____

City _____ State _____ Zip _____

Signature _____ Date _____

Payroll Deduction Request

I HEREBY AUTHORIZE MY EMPLOYER TO:

START DEDUCTION STOP DEDUCTION CHANGE DEDUCTION

IF CHANGE, PROVIDE ACCOUNT #:

THE TOTAL AMOUNT TO BE DEDUCTED FROM MY PAY IS:

NET PAY OR \$ _____

I AM PAID: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

Paystub Information, if applicable:

Div.	Loc.	Dept.	Class.

Metro Credit Union
Routing and Transit Number: **211381990**

FOR CREDIT UNION USE ONLY:

Account No. _____

Enter Payroll Deduction Amounts:

- Savings Account \$ _____
- My Reward Savings \$ _____
- Homebuyer Savings \$ _____
- Christmas Club \$ _____
- Vacation Club \$ _____
- Free Checking \$ _____
- My Reward Checking \$ _____
- Prestige Checking \$ _____
- Other: \$ _____
- IRA Accumulator \$ _____

Indicate type: Roth
 Traditional
 Education

Select Annual Disbursement from your Club Account:

- Transfer to my Checking account
- Transfer to my Savings account
- Paid as a check

Overdraft Protection

- Application Attached
- Please Send Application

I/We hereby make application for membership in Metro Credit Union. I/We hereby agree to the By-Laws, Rules and Regulations of the Credit Union now in force and any which may hereafter be adopted. I/We acknowledge receipt of the Truth In Savings Agreement, Fee Schedule and applicable Account Disclosures and agree to be bound by the terms and conditions set forth therein, as may be amended from time to time. Each signer agrees that the Credit Union may obtain any credit reference necessary including, but not limited to, eFunds. In order to comply with the Fair Credit Reporting Act and other consumer reporting laws (both federal and state) we must notify you of the following: a consumer report may be requested from a credit reporting agency, relative to its file background information. I/We also agree to the regulations governing the use of negotiable instruments. Under penalties of perjury, I/We certify that the information on the Application is true, correct and complete and I/We certify that the number shown on this card is my/our correct taxpayer identification number and that I/We are not subject to backup withholding due to underreporting. If applying for an ATM/Debit Card(s), I/We understand that the use of Metro Credit Union's ATM/Debit Card is governed by the terms and conditions set forth in the cardholder agreement and hereby agree to the bylaws, rules and regulations of Metro Credit Union, those now in force and any which may be hereafter adopted.

Indicate your choice of ATM or Debit Card:

Yourself: ATM Card
 Debit Card

Joint Member: ATM Card
 Debit Card

ATM or Debit Card PIN Selection

Your pin number may consist of (4) numbers or letters or a combination of both except for the letters Q and Z. You will not be able to complete your transaction without using this number so please choose one that is easy for you to remember. Notify the Credit Union as soon as possible to report a lost or stolen card.

NAME 1: (INDIVIDUAL MEMBER)

NAME 2: (JOINT MEMBER)