Marshall Community Credit Union Direct Deposit Form

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Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Marshall Community Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # _____ $ _____.__

☐ Savings Account # _____ $ _____.__

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: Marshall Community Credit Union	Name (Please print):
Address: 839 West Green Street	SS#:
City, State, Zip: Marshall, MI 49068	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

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TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.