

## Meridian Mutual Federal Credit Union Direct Deposit Form

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

Authorization Code:  New  Change  Cancel

I authorize you and Meridian Mutual Federal 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	Member Information
Credit Union: Meridian Mutual Federal Credit Union	Name (Please print):
Address: PO Box 310	SS#:
City, State, Zip: Meridian, MS 39302	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

265377730

TRANSIT ROUTING NUMBER (ABA)

**STAPLE VOIDED CHECK HERE.**