DIRECT DEPOSIT ALLOCATION FORM

1) MEMBER INFORMATION

METRO COPY

| ACCOUNT # | | | | | | ٨ | 2440 E Rand Road |
|-----------------------|--------------|------|----|-------------------|---|---|--------------------|
| NAME: | | | | METRE? | | rlington Heights, IL 60004-5802 Phone (847) 670-0456 | |
| EMPLOYER: | | | | | FEDERAL CREDIT UN | ION | Fax (847) 670-0401 |
| 2) ACCOUNT ALLOCATION | N(S) | | | | 4) AUTHORIZA | TION | |
| Savings Suff | fix: (01 |)\$ | | | I hereby authorize the above employer to deduct the TOTAL Payroll Deduction amount (listed on this form) from my pay at each payroll period, and remit to METRO. METRO Federal Credit Union will allocate my payroll deposit as indicated. | | |
| 2nd Savings | (|)\$ | | | | | |
| Christmas Club | (20 |)\$ | | | | | |
| Vacation Club | (25 |)\$ | | | SIGNATURE: | | |
| VIP Money Market | (95 |)\$ | | | PAYROLL START DATE: | | |
| Checking | (|)\$ | | | | | |
| Other | (|)\$ | | | | | |
| Other | (|)\$ | | | IMPORTANT PRIVACY DISCLOSURE To maintain the privacy of the information contained on this form, please return this entire form to METRO Federal Credit Union. METRO will process this form and forward the "Employer Copy" to your personnel department. If you provide this form directly to your employer, you acknowledge and consent to disclosing the information contained on this form to your employer. | | |
| 1st Loan | (|)\$ | | | | | |
| 2nd Loan | (|)\$ | | | | | |
| 3) TOTAL AMOUNT: | JLL PAYCHECK | \$ | | (TOTAL DEDUCTION) | | | |
| FOR OFFICE USE ONLY: | | | | | | | Next Pay Date: |
| PAYROLL TABLE # | | Date | ID | | VERIFIED B | Y: | |
| TRANSFER FILE | | Date | ID | D | ate | ID | L |

| DIRECT DEPOSIT AUTHORIZATION FORM 1) MEMBER INFORMATION | EMPLOYER COPY | | | |
|--|--|--|--|--|
| EMPLOYEE NAME: ADDRESS: CITY/STATE/ZIP: | 2440 E Rand Road Arlington Heights, IL 60004-5802 (847) 670-0456 Fax (847) 670-0401 www.mcu.org | | | |
| 2) EMPLOYER | 5) AUTHORIZATION | | | |
| EMPLOYER NAME: 3) DEPOSIT AMOUNT (per pay period): \$ | I hereby authorize the above employer to deduct the TOTAL Payroll Deduction amount from my pay at each payroll period, and remit to METRO, as indicated on this form. METRO Federal Credit Union will allocate my deposit as indicated on the Direct Deposit Allocation Form. | | | |
| 4) DEPOSIT FUNDS TO: | SIGNATURE: | | | |
| SAVINGS # MY METRO <u>SAVINGS</u> ACCOUNT (Example: 1234567) | PAYROLL START DATE: | | | |
| CHECKING # MY METRO <u>CHECKING</u> ACCOUNT (Example: 123456789)* *9 DIGIT ACCOUNT NUMBER FROM BOTTOM OF CHECKS | IMPORTANT PRIVACY DISCLOSURE To maintain the privacy of the information contained on this form, please return this entire form to METRO Federal Credit Union. METRO will process this form and forward the "Employer Copy" to your personnel department. If you provide this form directly to your employer, you acknowledge and consent to disclosing the information contained on this form to your employer. | | | |
| METRO's Routing & Transit / ABA Number is: 271975401 | | | | |