

## Payroll Deduction Authorization and Distribution Form

**Purpose:** Use this form to stop or start your payroll with your company. If you are a PCSB employee, please use the PCSB Authorization Agreement.

1. Complete all spaces on the form. For questions, please call the E-Services department at (863) 616-2100 ext. 2060.
2. Please mail to the following address or drop the form at your nearest MIDFLORIDA branch.

MIDFLORIDA Federal Credit Union  
Attn: E-Services Department  
PO Box 8008  
Lakeland, FL 33802-8008

Fax Number: 863-616-2160



**MIDFLORIDA Federal Credit Union**  
**Payroll Deduction / Direct Deposit Authorization**

I authorize my payroll company to deposit to my account(s) at MIDFLORIDA Federal Credit Union. This authorization will continue in effect until it is revoked by me in writing. Revocation of this authorization must be made to MIDFLORIDA Federal Credit Union.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Account #: \_\_\_\_\_ Payroll Company: \_\_\_\_\_

**DO NOT USE FOR POLK COUNTY SCHOOL BOARD EMPLOYEES**

**PLEASE NOTE, ANY CURRENT ALLOCATION YOU WISH TO KEEP MUST BE LISTED BELOW, OTHERWISE THEY WILL BE REMOVED AND NO LONGER ALLOCATED AUTOMATICALLY.**

**MY PAYROLL DEDUCTION WILL BE DISTRIBUTED AS FOLLOWS:**

AMOUNT	ACCOUNT #	LAST NAME	ACCOUNT TYPE*	SUB #
← Total Allocation				

**\* YOU CANNOT ALLOCATE FUNDS TO A LEASE ACCOUNT OR AN EXTERNAL PRODUCT (credit card, mortgage)**

**Remainder of funds will be deposited to:**

Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Type: \_\_\_\_\_ Sub: \_\_\_\_\_

**TO REVOKE AUTHORIZATION**

Check here to stop your MIDFLORIDA Federal Credit Union deduction / direct deposit.

I authorize MIDFLORIDA Federal Credit Union to accomplish these specific distributions of my Payroll Deduction and Direct Deposit as described herein. Changes to the distribution of my Payroll Deduction or Direct Deposit, as shown above, except in the event of a paid out loan or a closed account, will require my written authorization. Except as otherwise provided, I understand that MIDFLORIDA Federal Credit Union is not empowered to make any changes in the amount of distribution of my Payroll Deduction or Direct Deposit without my express written consent.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date

**CREDIT UNION USE ONLY**

<b>BRANCH</b>	<b>ELECTRONIC SERVICES DEPARTMENT</b>
Employee/Tlr # _____	
Branch _____	

