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

Fax Number: 863-616-2160

MIDFLORIDA Credit Union Payroll Deduction / Direct Deposit Authorization

I authorize my payroll company to deposit to my account(s) at MIDFLORIDA. This authorization will continue in effect until it is revoked by me in writing. Revocation of this authorization must be made to MIDFLORIDA. 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 Credit Union deduction / direct deposit. I authorize MIDFLORIDA 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 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** Branch E-Services Department Employee/Tir # _____ Branch _____