



# Automatic Deposit Form

*its easy*

## Louisville Medical Center Federal Credit Union

234 East Gray Street, Suite 130 • Louisville, KY 40202-1907  
(502) 629-3716 • Fax (502) 629-3715 • ItsEasy@LMedFCU.org

### AUTOMATIC DEPOSIT:

One of the great benefits of Credit Union Membership is **Automatic Deposit**. Any regular recurring check can be automatically deposited to your Share or Share Draft (Checking) Account, including Payroll, Social Security, Pension, etc.

If **Direct Deposit** is not available, most of our sponsors will provide **Payroll Deduction**, an easy and convenient way to save. Savings, checking, loan payments, etc., are deducted from your payroll and automatically credited to your Credit Union account(s).

Follow the **1 - 2 - 3 directions** on the left or call us at (502) 629-3716 for more information.

**Thanks for having an account with your Credit Union!**

#### DIRECT DEPOSIT AUTHORIZATION

#### PAYROLL DEDUCTION AUTHORIZATION

## 1 - 2 - 3 AUTOMATIC DEPOSIT DIRECTIONS

1. If your employer offers **DIRECT DEPOSIT**, please complete section **#1** of this form.

*(If you are a Norton Health-care Employee, #1 contains the information you will need to start your deposit using your Employee Portal.)*

**Remember:** You need to authorize just one total amount you want to come to the Credit Union. If you have more than one account you want credited, use the **Deposit Allocation Director** in section **#3**.

2. If your employer **DOES NOT** offer Direct Deposit, please use section **#2** of this form to start your **PAYROLL DEDUCTION**.
3. If you wish to have your **AUTOMATIC DEPOSIT OR PAYROLL DEDUCTION split** between more than one account at the Credit Union, please use section **#3** or call us at 502-629-3716.

**Send a copy of the completed form to the Credit Union, and if you completed section #1 or #2, take a copy to your Payroll Department.**

### 1 Direct Deposit Authorization

**START**     **CHANGE**

I hereby authorize you to deposit the amount of \$ \_\_\_\_\_ per pay to my account with the **Louisville Medical Center Federal Credit Union**. Please continue this amount until I change it in writing.

*If you want your full check to come to the Credit Union, the amount should read "NET PAY."*

Transit/Routing  
ABA Number  
**283079382**

MY Account  
Number  
\_\_\_\_\_

This is a:  
 Savings Account  
 Checking Account

Member's Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date Signed \_\_\_\_\_

Credit Union Approval (if required) \_\_\_\_\_

### 2 Payroll Deduction Authorization

TO MY EMPLOYER: I hereby authorize you to deduct the following amount from my pay each payroll period and transmit same currently to the **Louisville Medical Center Federal Credit Union** until further notice from me in writing.

**START**     **CHANGE**    **TOTAL AMOUNT \$** \_\_\_\_\_

Member's Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date Signed \_\_\_\_\_

Credit Union Approval (if required) \_\_\_\_\_

### 3 Deposit Allocation Director (Splits)

TO THE CREDIT UNION: Please make the following allocations (splits) each pay period from my total Credit Union deposit.

ACCOUNT TYPE	AMOUNT TO DEPOSIT	ACCOUNT TYPE	AMOUNT TO DEPOSIT
Regular Savings	\$	Certificate #	\$
Christmas Club	\$	Other A/C #	\$
Special Savings #	\$	Checking Account	\$
IRA Savings	\$	<b>TOTAL DEPOSIT*</b>	<b>\$</b>

*(\*Total Deposit may be NET PAY)*

After the above allocations (splits) have been made, I want the remainder of my total deposit credited to my:  Checking Account, or  Regular Savings Account.

Member's Signature \_\_\_\_\_

Account Number \_\_\_\_\_

Date Signed \_\_\_\_\_

E-Mail Address \_\_\_\_\_