LMFCU
Louisville Medical Federal Credit Union

we're here - for those in healthcare

234 East Gray Street, Suite 130
Louisville, KY 40202
502.629.3716
Fax: 502.629.3715

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 Healthcare Employee, **#1** contains the information you will need to start your deposit using your Employee Portal.)

   Remember: You only need to authorize 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 from to the Credit Union, and if you completed section #1 or #2, take a copy to your Payroll Department.

Automatic Deposit Form

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 you 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!

1 Direct Deposit Authorization   ❑ START   ❑ CHANGE

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

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

Transit/Routing	MY Account	This is a:
ABA Number	Number	❑ Savings Account
283079382	__ __ __ __ __ __ __ __	❑ Checking Account

_____
Member's Signature

_____
Date Signed

_____
Social Security Number

_____
Credit Union Approval (if required)

2 Payroll Deduction Authoriztion

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 Federal Credit Union** until further notice from me in writing.

❑ **START**   ❑ **CHANGE**   **TOTAL AMOUNT $ _____**

_____
Member's Signature

_____
Date Signed

_____
Social Security Number

_____
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	$	**TOTAL DEPOSIT***	$

(*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

_____
Date Signed

_____
Account Number

_____
E-Mail Address

LMedFCU.org