

DIRECT DEPOSIT SIGN UP FORM

This form should be completed and returned to the company originating the deposit to your account.

PAYEE INFORMATION:

Name of Payee

Telephone Number

Address

City, State and Zip Code

FUNDS ISSUED BY:

Company Name

Company Address

City, State and Zip Code

PAYEE CERTIFICATION:

I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to Members Source Credit Union and deposited to the designated account.

Payee Signature

Date

CREDIT UNION INFORMATION:

Members Source Credit Union
8580 Virginia Street Merrillville, IN 46410
Phone: (219)756-4141
Routing and Transit Number: 271991210

Payee Account Number

Type of Account (check one):

Savings_____

Checking_____

CREDIT UNION CERTIFICATION:

I confirm the identity of the above named payee, the account number and title. As a representative of Members Source Credit Union, I certify that the credit union agrees to receive and deposit the payment identified above.

Signature of Representative

Date