

**MATADORS COMMUNITY CREDIT UNION
PAYROLL/ACH DESIGNATION**

Member's Name: _____

Account Number: _____

Payroll Status:

☐ New ☐ Change ☐ Delete

Member's Employer (check one)

☐ State of California ☐ Associated Students
☐ University Corporation ☐ Other

Deduction or Full:

☐ Full Amount of Paycheck (offered by State only)
☐ Deduction/Partial Amount (offered by State, Univ. Corp.,
Associated Students)
Minimum Deduction: University Corp. - \$10.00

Distribution Schedule: (complete if new set-up or change)

Share or Loan ID #	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total Direct Deposit \$ _____

This authorization will remain in effect until canceled by myself. I understand that it is my responsibility to cancel this payroll agreement and in the event that my account is closed, I agree that the funds will be returned to my payroll department.

Member's Signature _____

Rev. 4/01

For Credit Union Use Only

T# _____ Date: _____ Entered by: _____ Date: _____
MCCU Form #16