



Member Authorization Form

Please print legibly. Questions: (718) 780-3618

Name (Last, First, Middle):	Credit Union Acct #:
Address:	Daytime Telephone #:

Payroll (ACH) Splits		
Source	Transfer To	Amount
Type: <input type="checkbox"/> Direct Deposit (full paycheck) <input type="checkbox"/> Payroll Deduction (partial amt)		
Before Split \$ Deposited to: <input type="checkbox"/> Savings (share account) <input type="checkbox"/> Checking (share draft account)		
Company Code: <input type="checkbox"/> 701 - NY Methodist Hospital <input type="checkbox"/> Other: _____		
Effective Date: _____		

Miscellaneous Periodic Transfers – 3xx transfers			
Day of the Month	Transfer From	Transfer To (Acct #, TR, Name of Acct)	Amount

Member's Signature _____

Date _____

For Office Use Only: Date Received / Initial: Date Processed / Initial:
--

(Upd. 5/09)