

Member #: \_\_\_\_\_

### Leaders Credit Union Authorization for Payroll Deposit

214 Oil Well Rd Jackson, TN 38305 | 800.227.1893 | www.LeadersCU.com

Name \_\_\_\_\_ Employer \_\_\_\_\_ Employee # \_\_\_\_\_

New Request \_\_\_\_\_ Subsequent to replace previous amount of \$ \_\_\_\_\_

Payroll deposit start date \_\_\_\_\_ Frequency  weekly  monthly  
 bi-weekly  semi-monthly

Leaders Credit Union ABA/Routing # is **284 383 886**

\_\_\_\_\_  
Checking Account (MICR#) \_\_\_\_\_ Amount \_\_\_\_\_ Entire Check  
(Please attach voided check)

\_\_\_\_\_  
Savings Account (Member #) \_\_\_\_\_ Amount \_\_\_\_\_ Entire Check

<b>***For Leaders Credit Union Use Only***</b>			
	Payroll Allocation	Automatic Distribution	
Prime Share	\$ _____	Loan	\$ _____
Other Savings	\$ _____	Loan	\$ _____
Other Savings	\$ _____	Checking	\$ _____

*By signing this Direct Deposit Authorization, I authorize my employer and my financial institution to initiate entries to my account. In the event that the financial institution is notified by my employer that funds to which I am not entitled have been deposited to my account, I authorize financial institution to return those funds to my employer. I understand that I am responsible for checking with my financial institution to make certain funds have been deposited in accordance with my instructions. If I discover an error, I must notify the payroll department immediately. This authorization will remain in effect until replaced by a subsequent authorization or until cancelled by mutual agreement with the credit union.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
LCU Employee