



METRO Federal Credit Union
 2440 E Rand Road
 Arlington Heights IL 60004-5802
 (847) 670-0456 Fax (847) 670-0401

METRO COPY

See IMPORTANT Privacy Disclosure on the Reverse Side

PAYROLL DEDUCTION AND ALLOCATION AUTHORIZATION

PAYROLL DEDUCTION ALLOCATION

IMPORTANT: Please indicate here how you would

Savings	Suffix:(00) \$
2nd Savings	(10) \$
Christmas Club	(20) \$
Vacation Club	(25) \$
VIP Money Market	(30) \$
Checking	(80) \$
Other	() \$
1st Loan	Suffix:() \$
2nd Loan	() \$
3rd Loan	() \$

TOTAL DEDUCTION AMOUNT \$

TO BE COMPLETED BY EMPLOYEE

METRO Account#

EMPLOYER:

I hereby authorize the above employer to deduct the TOTAL Payroll Deduction amount (listed on this form) from my pay at each payroll period, and remit to METRO. METRO Federal Credit Union will allocate my payroll deposit as indicated.

Printed Name: _____

Authorized Signature: _____

Social Security #: _____

Payroll Starting Date: _____

FOR OFFICE USE ONLY:

GROUP# _____ Change Date _____ ID _____



METRO Federal Credit Union
 2440 E Rand Road
 Arlington Heights IL 60004-5802
 (847) 670-0456 Fax (847) 670-0401

EMPLOYER COPY

See IMPORTANT Privacy Disclosure on the Reverse Side

PAYROLL DEDUCTION AUTHORIZATION FORM

TO BE COMPLETED BY EMPLOYEE

METRO ACCOUNT# _____ **DEDUCTION AMOUNT \$** _____ **FULL PAY CHECK**

Employer & Business Phone _____

I hereby authorize the above employer to deduct the TOTAL Payroll Deduction amount listed above from my pay at each payroll period, and remit to METRO. METRO Federal Credit Union will deposit the funds into my SAVINGS ACCOUNT and allocate my deposit as indicated on the Payroll Allocation Authorizations Form.

Printed Name: _____ SS# _____

Authorized Signature: _____ Payroll Starting Date: _____

FOR DIRECT DEPOSIT

METRO's Routing and Transit Number & ABA# is: 271975401

DIRECT DEPOSIT

IMPORTANT PRIVACY DISCLOSURE

TO MAINTAIN THE PRIVACY OF THE INFORMATION CONTAINED ON THIS FORM, PLEASE RETURN THIS ENTIRE FORM TO METRO FEDERAL CREDIT UNION. METRO WILL PROCESS THIS FORM AND FORWARD THE "EMPLOYER COPY" TO YOUR PERSONNEL DEPARTMENT.

IF YOU PROVIDE THIS FORM DIRECTLY TO YOUR EMPLOYER, YOU ACKNOWLEDGE AND CONSENT TO DISCLOSING THE INFORMATION CONTAINED ON THIS FORM TO YOUR EMPLOYER.



IMPORTANT PRIVACY DISCLOSURE

TO MAINTAIN THE PRIVACY OF THE INFORMATION CONTAINED ON THIS FORM, PLEASE RETURN THIS ENTIRE FORM TO METRO FEDERAL CREDIT UNION. METRO WILL PROCESS THIS FORM AND FORWARD THE "EMPLOYER COPY" TO YOUR PERSONNEL DEPARTMENT.

IF YOU PROVIDE THIS FORM DIRECTLY TO YOUR EMPLOYER, YOU ACKNOWLEDGE AND CONSENT TO DISCLOSING THE INFORMATION CONTAINED ON THIS FORM TO YOUR EMPLOYER.