



Request to Initiate Direct Deposit

You are herewith requested and authorized to direct all or part of my salary to my account at Mohave Community Federal Credit Union.

Employer/Company _____

Name _____

Address _____

Phone Number _____ Social Security/Employee # _____

Department _____ Position _____

Please start/initiate or change my payroll deduction as follows:

Mohave Community Federal Credit Union
2809 N. Stockton Hill Road
Kingman, AZ 86401-4139
(928) 753-8000
FAX (928) 753-1441

ROUTING/TRANSIT NUMBER
322172221

To the account of (account holder's name) _____

Account Number _____ Checking/Savings (circle one)

Effective Date _____ Amount _____

I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize my salary to be sent to Mohave Community Federal Credit Union to be deposited to the designated account.

Name Date

Please submit this request to your human resources department. Please note that most employers require one to two weeks to process a direct deposit change, and when beginning with a new employer you may receive a paper check until your direct deposit is established. If you have any questions, please contact our Accounting Department at (928) 753-8000 Ext. 209.