

# Direct Deposit Enrollment Form

Complete and return this form to your employer for immediate processing.

**Mutual 1<sup>st</sup> Federal Credit Union**  
Routing Number: 304083147

- Start Direct Deposit  
 Change Current Direct Deposit

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list the account number including suffix at the end in ONE of the account type fields below.

Savings \_\_\_\_\_  
Checking \_\_\_\_\_

Your account number and suffix can be found on your account statement.

Type of deposit:  Full Pay  Allotment \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address 1: \_\_\_\_\_

Employer Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

