

UNITED HEALTH CREDIT UNION

MPHS Payroll Authorization

1860 El Camino Real, Suite 100, Burlingame, CA 94010 • 650-231-1300 • Fax 650-231-1310 • www.unitedhealthcu.org

Name		Employer Mills Peninsula Health Services	
Social Security Number	Employee #/I.D. 3601	Day Phone ()	Evening Phone ()

Start Change Stop

DIRECT DEPOSIT:

I hereby authorize MPHS to credit my Checking Savings with my net check (after all my deductions)

Routing #: 321171744

Account #: _____ - _____

PAYROLL DEDUCTION*:

I hereby authorize MPHS to send a portion of my check (payroll deduction) to UHCU and for them to distribute as listed below.

Credit my savings with a deduction from my check in the amount of \$ _____

Routing #: 321171744

Account #: _____ - 01

This authorization shall remain in effect until further notice from me.

Immediately or Effective ___/___/___

Member Signature

Date

*****For Use By UHCU Only*****

Account #: Suffix Name (If different from your account)

Regular Shrs: \$ _____ - _____

Checking: \$ _____ - _____

Christmas: \$ _____ - _____

Loan Trans: \$ _____ - _____

IRA: \$ _____ - _____

Other: \$ _____ - _____

TOTAL: \$ _____ Set Up by: _____ On: _____

(*must equal amount of deduction requested above)