



AUTHORIZATION FOR DIRECT DEPOSIT

The undersigned hereby authorizes _____
(The Company) to make deposits into the Account identified below at Motor City Co-op
Credit Union and authorizes the Credit Union to accept such deposits.

It is agreed that these deposits may be made electronically under the rules of the Michigan
Automated Clearing House Association. This authorization will remain in effect until written
notice of termination is given to The Company.

CREDIT UNION NAME: Motor City Co-op Credit Union

ABA NUMBER (Routing and Transit Number): 2720-7885-7

SAVINGS ACCOUNT NUMBER: _____

Name of Authorizing Party (Please Print) _____

Address _____

City _____

State _____

Zip Code _____

Date _____

Authorized Signature _____