



Internal Memorandum

ELECTRONIC TRANSFER AUTHORIZATION
START/CHANGE/STOP

___ START ___ CHANGE ___ STOP

I hereby authorize my employer, Metro Transit, to initiate credit entries and to further initiate any necessary debit entries as adjustments for credit entries in error to my (our) account or accounts as listed below. I understand these Electronic Transfer funds will be available to me on the **Friday** of pay week.

EMPLOYEE NAME _____ ID# _____

LOCATION _____ DATE _____

EMPLOYEE SIGNATURE _____

Financial Institutions:

1) Name: **Transit Operations Credit Union** ___ Address **725 7th Street North, Mpls, Mn. 55411** ___

ABA No* 296076343 Acct No: _____ \$ Amt _____

This account is a ___ checking ___ savings. Net Check _____

2) Name: **Transit Operations Credit Union** ___ Address **725 7th Street North, Mpls, Mn. 55411** ___

ABA No* 296076343 Acct No: _____ \$ Amt _____

This account is a ___ checking ___ savings. Net Check _____

3) Name: _____ Address _____

ABA No* _____ Acct No: _____ \$ Amt _____

This account is a ___ checking ___ savings. Net Check _____

**ABA/BANK ROUTING NUMBER IS A NINE DIGIT NUMBER THAT APPEARS ON THE BOTTOM OF A CHECK*

**PLEASE ATTACH A VOIDED CHECK FOR EACH CHECKING ACCOUNT
(NOT A DEPOSIT SLIP)**