

MARICOPA COUNTY & MIHS PAYROLL FORM

Name: _____

Employee ID #: _____

ORG #: _____

Dept Name: _____

Daytime Phone #: _____

I hereby authorize Maricopa County Payroll Department/MIHS to initiate credit entries, and if necessary debit entries and adjustments for any credit entries in error, to my checking and/or savings account(s), and the depository named below, to credit and or debit the same to such account(s) I acknowledge that my request will be placed in a prenotification status and I will receive a warrant instead of an advice while my request is in said status.

Start	Stop	Change	Financial Institution	Account #	Amount or %	Checking / Savings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>MariSol Federal Credit Union</u>	_____	_____	_____

SIGNATURE: _____

DATE: _____

(Credit Union Use Only)

Savings \$ _____ Money Market \$ _____ Loan Payment \$ _____ Loan Payment \$ _____ Loan Payment \$ _____

Checking \$ _____ FOP \$ _____ YAF \$ _____ MCADO \$ _____ DLEA \$ _____ Christmas \$ _____ Vacation \$ _____

IRA Account# _____ Other Accounts # _____ \$ _____ Other Accounts # _____ \$ _____