

☐

WEEKLY

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SEMI-MONTHLY

NAME:

SOC SEC. #

ACCOUNT #

Please remit \$ \_\_\_\_\_ or ENTIRE CHECK (circle one) to KONE Employees Credit Union each pay period.

Your Branch Name: \_\_\_\_\_ Your Branch Number: \_\_\_\_\_

I hereby authorize KONE Inc. hereinafter called company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and KONE Employees Credit Union to credit and/or debit the same to such account. Transit/ABA Number: 271186449. This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

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

This authorization replaces any now in effect.

**Please complete back of card.**

ALLOCATION INFORMATION

	SUFFIX	AMOUNT
Savings		
Checking	03	
	23	
Special Savings		
Christmas Club		
IRA		
Other Savings		
Loan Payments		
(Voluntary)		