



CREDIT UNION
of **NEW JERSEY**

1301 Parkway Ave • Ewing, NJ 08628
609-538-4061 • 800-538-4061
www.CUNJ.org

**Payroll Deduction
Direct Deposit
Authorization**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member Name: _____ Member/Account Number: _____
Employer Name: _____ Social Security/Tax ID#: _____
Employer Address: _____ Payroll Number: _____
Phone Number: _____ Other: _____

Initial Authorization

Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth below and to deposit these funds at the credit union for each payroll period following receipt of this authorization until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this authorization.

Deposit Amount or NET

Payroll Period :

Weekly
Biweekly
Monthly
Semi-Monthly

\$ _____

CREDIT UNION R/T NO. 23127861-4

Signature X _____

Effective Date _____

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Savings: \$ _____	Loan ____: \$ _____
Share Draft/Checking: \$ _____	Loan ____: \$ _____
Money Market: \$ _____	Other: \$ _____
Club Account: \$ _____	Other: \$ _____
IRA: \$ _____	Other: \$ _____

CREDIT UNION COPY

Cut Here



CREDIT UNION
of **NEW JERSEY**

1301 Parkway Ave • Ewing, NJ 08628
609-538-4061 • 800-538-4061
www.CUNJ.org

**Payroll Deduction
Direct Deposit
Authorization**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member Name: _____ Member/Account Number: _____
Employer Name: _____ Social Security/Tax ID#: _____
Employer Address: _____ Payroll Number: _____
Phone Number: _____ Other: _____

Initial Authorization

Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth below and to deposit these funds at the credit union for each payroll period following receipt of this authorization until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this authorization.

Deposit Amount or NET

Payroll Period

Weekly
Biweekly
Monthly
Semi-Monthly

\$ _____

Savings

Checking

CREDIT UNION R/T NO. 23127861-4

Signature X _____

Effective Date _____

EMPLOYER COPY