CORNER STONE CREDIT UNION

130 HISTORIC TOWN SQUARE LANCASTER, TX 75146

TOLL FREE (800)345-5690 LOCAL (972)218-9266

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

		EMPLOYE	R PAYROLL DEDUC	TION AUTHORIZAT	ΓΙΟΝ	
MEMBER:				MEMBER NUMBER:		
EMPLOYER				SSN/TIN:		
PHONE:	HOME	WORK		PAYROLL NUMBER	:	
I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds						
at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. 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. I grant the Credit Union a power of						
attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only						
applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change						
made under this power of attorney.						
DEPOSIT AMOUNT: Net Check \$			PAYROLL PERIOD WEEKLY			
CREDIT UNION R/T No:					Ē	BIWEEKLY
DEPOSIT TO	: Ē	Savings	Checking		ñ	MONTHLY
					2	
	F	Account No:			L	SEMI-MONTHLY
Х						
SIGNATURE				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 DRAI	T/ CHECKING		#	\$	or	%
SHARE/SAVI	NGS		#	\$	or	%
MONEY MARKET			#	\$	or	%
LOAN #			#	\$	or	%
LOAN #			#	\$	or	_%
IRA			#	\$	or	_%
OTHER			#	\$	_ or	_%
OTHER			#	\$	_ or	_%
			TOTAL	\$	or	_%