Wright-Patt CREDIT UNION, INC.

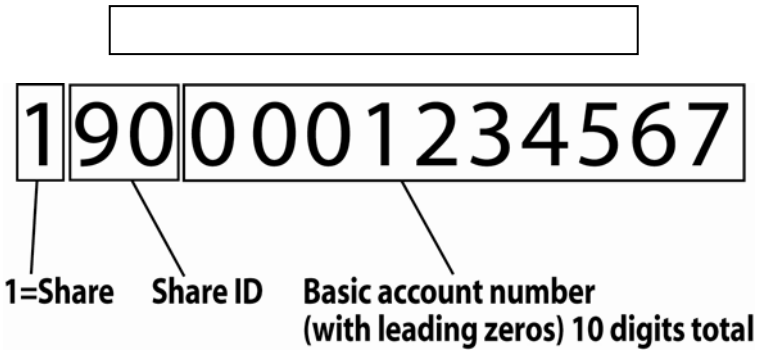
"Your Community Financial Cooperative"

PAYROLL AUTHORIZATION FORM

ROUTING NUMBER: 242279408

Company Where Employed:	
Member Name:	
Social Security Number:	
Work Phone :	Home Phone:

Credit Union Account Number - Please fill in your account number following the 13-digit example below.



Credit Union Account Type : Savings or Checking (circle one)

Reason:	Frequency of Receipt:

	Net Pay – Amount:
	Payroll Deduction – Amount:

You are hereby authorized and requested, subject to all the conditions stated on this document, to remit to **Wright-Patt Credit Union** the amount shown above. If the payroll deduction block of this form above is checked, deduct from my salary each pay the exact amount shown. If the net pay block of this form is checked, then remit to the Credit Union my entire net pay, which is estimated above. This action is to be effective as soon as possible, and is to continue until cancelled by me in writing. I realize that it is my sole responsibility to review my statement of account to insure that my account reflects transactions as requested on this form.

Member Name _____ Member Signature _____ Date _____