



PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

		EMPLOYER PAYROLL DI	EDUCTION AUTH	ORIZATION			
☐ Initial Authorizatio	on				Member No:		
Member:							
Employer:					SSN/TIN:		
Home Phone:	Work Phone:				Payroll No:		
the Credit Union for Authorization is revoc and to follow this Audirected to make and or decrease the amou	each payroll period cable. If this is a ch thorization. If I fail apply deductions in unt of my deductior	following receipt of thi ange in a previous Auth to cancel this Authorizat accordance with this A upon my written or ve	s Authorization u orization, I instruc tion upon filing for uthorization. I gra rbal request. Thi	ntil further no et my employer bankruptcy, ant the Credit s power of at	prization and to deposit the otice from me. I understar er to cancel my previous Au my employer and the Credi Union a power of attorney itorney only applies to a loa nt change made under this	nd that this uthorizatior it Union are to increase an or credit	
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	Weekly	☐ Monthly		
Credit Union R/T No:				Biweekly	/ ☐ Semi-Monthl	ly	
Deposit To:	☐ Savings	Checking	Account No: _				
X Signature			E	ffective Date			
		CREDIT UNION DIRECT	DEPOSIT AUTHO	RIZATION			
By signing above, I au	thorize the Credit U	nion to apply my payroll	deduction for each	ch pay period	as follows:		
Share Draft/Checking		#		\$	or	%	
Share/Savings		#		\$	or	%	
Money Market		#		\$	or	%	
Loan		#		\$	or	%	
Loan		#		\$	or	%	
RA		#		\$	or	%	
Other:		#		\$	or	%	
Other:		#		\$	or	%	
			TOTAL	¢	TOTAL	%	





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Credit Union R/T No:				Biweekly	☐ Semi-Monthly	
Deposit To:	☐ Savings	Checking	Account No:			
X			-	The stire Date	_	
Signature			l l	Effective Date		