

Payroll Deduction & Direct Deposit Authorization

Employer Payroll Deduction Authorization

Member: _____

Employer: _____

SSN/TIN: _____

Home Phone: _____

Work Phone: _____

Payroll No: _____

Initial Authorization
Change in Authorization

Member Account # _____

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 the receipt of this Authorization until further notice from me. If this is a change in the 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	Payroll Period
Net Check	Weekly
Other \$ _____	Biweekly
	Monthly
	Semi-Monthly

Credit Union R/T# **261275001**

Effective Date: _____

Signature: _____



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

Share Draft/Checking \$ _____
Share Savings \$ _____
Holiday Club \$ _____
Loan# _____ \$ _____
Loan# _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

TOTAL \$ _____