



## Payroll Deduction/Direct Deposit Authorization

Initial Authorization

Change in Authorization

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Employer: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Payroll No: \_\_\_\_\_

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 this 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  \$ \_\_\_\_\_

**Deposit to:**  Savings  Checking

**Payroll Period:**  Weekly  Bi-Weekly  Monthly  Semi-Monthly

**Credit Union R/T Number:** \_\_\_\_\_ **322273900**

**Signature:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

### Credit Union Direct Deposit Authorization

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

Share/Savings	\$ _____	or	_____ %
Share Draft/Checking	\$ _____	or	_____ %
Money Market	\$ _____	or	_____ %
Holiday Club	\$ _____	or	_____ %
Loan _____	\$ _____	or	_____ %
Loan _____	\$ _____	or	_____ %
Other _____	\$ _____	or	_____ %
Other _____	\$ _____	or	_____ %
<b>Total</b>	<b>\$ _____</b>	<b>or</b>	<b>_____ %</b>