PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member _____ Member No. _____

Employer _____ SSN/TIN _____

Phone Home ( ) _____ Work ( ) _____ Payroll No. _____

☐ **Initial Authorization** ☐ **Change in Authorization**

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 receipt of this Authorization until further notice from me. 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.

Deposit Amount ☐ Net Check ☐ $ _____

Payroll Period ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi-Monthly

Credit Union R/T No. _____

X _____ _____
Signature Effective Date

EMPLOYER COPY

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 Draft/Checking	$ _____
Share/Savings	$ _____
Money Market	$ _____
Loan # _____	$ _____
Loan # _____	$ _____
IRA _____	$ _____
Other _____	$ _____
Other _____	$ _____
TOTAL	$ _____

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