

Payroll Deduction Direct Deposit Authorization

Employer Payroll Deduction Authorization

Member _____ Account # _____

Employer _____ SSN/TIN _____

Phone Home () _____ Work () _____ Payroll # _____

Initial Authorization

Change In Authorization

I authorize my employer to deduct from my salary the amounts below and deposit these funds at the Credit Union for each payroll period following the receipt of this authorization.

Deposit Amount

Net Check Payroll Period

Weekly

\$ _____

Biweekly

Monthly

Credit Union Routing Number _____

Semi-Monthly

I authorize the Credit Union to apply my payroll for each pay period as follows:

Checking \$ _____

Savings \$ _____

Money Market \$ _____

Loan # _____ \$ _____

Loan # _____ \$ _____

IRA _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

X _____
Signature

Effective Date

Please provide a copy of this form to your employer