

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____

MEMBER NO: _____

Employer: _____

SSN/TIN: _____

Home Phone: _____ Work Phone: _____

Payroll No: _____

Initial Authorization Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on 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. I grant the Credit Union a power of attorney to increase or decrease the amount of my 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 \$ _____

Payroll Period: Weekly Monthly

Credit Union R/T No: 241281976 _____

Biweekly Semi-Monthly

Deposit To: Savings Checking

Account No: _____

Payroll Deduction/Direct Deposit Start Date: _____

Signature	Date
X	