

## PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

		EMPLOYER PAYROLL DE	<b>DUCTION AUTH</b>	ORIZATION			
☐ Initial Authorization ☐ Change in Authorization				Member No:			
Member:							
Employer:				S	SSN/TIN:		
Home Phone:	Work Phone:			P	Payroll No:		
the Credit Union for Authorization is rev and to follow this A directed to make ar or decrease the am	or each payroll perion or each payroll perion or call perion of this is a call th	d following receipt of this change in a previous Author I to cancel this Authorizat in accordance with this Author on upon my written or ver	s Authorization u prization, I instru- ion upon filing fo uthorization. I gr rbal request. Thi	Intil further not ct my employer r bankruptcy, n ant the Credit L is power of atte	rization and to deposit thestice from me. I understant to cancel my previous Auny employer and the Credit Jnion a power of attorney orney only applies to a loat change made under this	d that this uthorization t Union are to increase un or credit	
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly		
Credit Union P/T No	٠.			Biweekly	Semi-Monthly	У	
Deposit To:	☐ Savings	Checking	Account No:				
X Signatur	e		E	Effective Date			
		CREDIT UNION DIRECT	DEPOSIT AUTHO	RIZATION			
By signing above, I a	authorize the Credit I	Union to apply my payroll	deduction for ea	ch pay period a	as follows:		
Share Draft/Checking	9	#		\$	or	%	
Share/Savings		#		\$	or	%	
Money Market		#		\$	or	%	
_oan		#		\$	or	%	
_oan		#		\$	or	%	
RA		#		\$	or	%	
Other:		#		\$	or	%	
Other:		#		\$	or	%	
			TOTAL	\$	TOTAL	%	



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Home Phone:	Work Phone:				Payroll No:			
the Credit Union for Authorization is revoc and to follow this Au directed to make and or decrease the amou	each payroll period cable. If this is a ch thorization. If I fail apply deductions in ant of my deduction	ct from my salary the ar following receipt of thinange in a previous Authorizate to cancel this Authorizate accordance with this Authorize my written or very. I authorize my e	s Authorization u orization, I instru tion upon filing fo uthorization. I gr rbal request. Th	until further r ct my employ or bankruptcy ant the Credi is power of a	notice from yer to cance r, my employ it Union a po attorney only	me. I understand my previous Auger and the Crediower of attorney applies to a load	nd that this uthorization it Union are to increase an or credit	
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	,	☐ Monthly		
Credit Union R/T No:				Biweek	ly	Semi-Monthl	у	
Deposit To:	Savings	Checking	Account No:					
X Signature			_ 	Effective Date	e			
J		CREDIT UNION DIRECT	DEPOSIT AUTHO	ORIZATION				
By signing above, I au	thorize the Credit U	nion to apply my payroll			d as follows:	:		
Share Draft/Checking		#		\$		or	%	
Share/Savings		#		\$		or	%	
Money Market		#		\$		or	%	
_oan		#		\$		or	%	
_oan		#		\$		or	%	
RA		#		\$		or	%	
Other:		#		\$		or	%	
Other:		#		\$		or	%	

TOTAL \$\_\_\_\_\_\_ \*



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		<b>EMPLOYER PAYROLL D</b>	<b>EDUCTION AUTH</b>	ORIZATION	
☐ Initial Authorization	n	in Authorization		N	lember No:
Member:					
Employer:				SSI	N/TIN:
Home Phone:		Work Phone:		_	roll No:
the Credit Union for a Authorization is revocand to follow this Aut directed to make and or decrease the amou	each payroll period able. If this is a c chorization. If I fail apply deductions in ant of my deductio	d following receipt of the hange in a previous Auth to cancel this Authoriza n accordance with this A n upon my written or ve	is Authorization u norization, I instruction upon filing fo nuthorization. I gra erbal request. Thi	ntil further notice of my employer to r bankruptcy, my ant the Credit Un s power of attori	ation and to deposit these funds at e from me. I understand that this o cancel my previous Authorization employer and the Credit Union are ion a power of attorney to increase ney only applies to a loan or credit change made under this power of
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly
Credit Union R/T No:				Biweekly	☐ Semi-Monthly
Deposit To:	Savings	☐ Checking	Account No: _		
X					
Signature			E	ffective Date	