PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION						
Member:			MEMBER NO:			
Employer:			SSN/TIN:			
Home Phone:	Work Phone:	Ра	Payroll No:			
□ Initial Authorization	Change in Authorization					
By signing below or otherwis Authorization and to deposit further notice from me. I und my employer to cancel my p to increase or decrease the a loan or credit extension for w power of attorney.	these funds at the Credit derstand that this Authoriza revious Authorization and t mount of my deduction upo	Union for each payroll perio tion is revocable. If this is a o follow this Authorization. on my written or verbal requ	d following change in a I grant the lest. This po	receipt of this previous Author Credit Union a ower of attorne	Authorization until prization, I instruct power of attorney y only applies to a	
Deposit Amount:	Check S	Pa	yroll Period:	U Weekly	Monthly	
Credit Union R/T No:				Biweekly	Semi-Monthly	
Deposit To: 🗌 Savings	Checking					
Account No:						
Payroll Deduction/Direct Dep	osit Start Date:					
Signature X						
	CREDIT UNION D	IRECT DEPOSIT AUTHOR	RIZATION			
By signing above or otherwis follows:	se authenticating, I authoriz	ze the Credit Union to apply	my payroll	deduction for e	ach pay period as	
Share Draft/Checking	#	\$		or	%	
Share/Savings	#	\$		or	%	
Money Market	#	\$		or	%	
Loan	#	\$		or	%	
Loan	#	\$		or	%	
IRA	#	\$		or	%	

Other:______ #______\$_____ or

Other:

TOTAL \$_____ or

#_____\$____or

____%

____%

_____%

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Credit Union R/T No:				Biweekly	Semi-Monthly	
Deposit To: 🗌 Savings	Checking					
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Share/Savings	#	\$		or	%	
Money Market	#	\$		or	%	
Loan	#	\$		or	%	
Loan	#	\$		or	%	
IRA	#	\$		or	%	

Other:_____

Other:

\$_____

\$_____

#_____\$____

TOTAL

#_____

____%

____%

%

or

or

or

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EMPLOYER PAYROLL DEDUCTION AUTHORIZATION						
Member:	MEMBER NO):				
Employer:	SSN/TIN:					
Home Phone: Work Phone:	Payroll No:					
\Box Initial Authorization \Box Change in Authorization						
By signing below or otherwise authenticating, I authorize my employer to Authorization and to deposit these funds at the Credit Union for each pa further notice from me. I understand that this Authorization is revocable. my employer to cancel my previous Authorization and to follow this Auth to increase or decrease the amount of my deduction upon my written or loan or credit extension for which the payment may vary. I authorize my power of attorney.	ayroll period following r If this is a change in a norization. I grant the C verbal request. This po	eceipt of this previous Autho Credit Union a wer of attorne	Authorization until prization, I instruct power of attorney y only applies to a			
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Signature Date X						