



**PAYROLL DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION**

Instructions: Give a copy of the completed first page to the credit union. If the total amount being sent to the credit union has changed, the second page may be given to your employer. The procedures for initiating payroll deduction deposits to your credit union account(s) vary by employers. We'll be happy to help you get your payroll deduction started as quickly as possible — it's easy. For further details, please contact us at 888.430.7199.

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Credit Union Routing Number: **286582779**

Member No:

☐ New ☐ Change

Member: _____

Last four digits
of SSN/TIN: _____

Employer: _____

Home Phone: _____ Daytime Phone: _____

I hereby authorize my employer to deduct from my salary the amounts indicated in 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. 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. 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
☐ Biweekly ☐ Semi-Monthly

Deposit To: ☐ Savings ☐ Checking Account No: _____

X _____
Signature

Effective Date

CREDIT UNION DISTRIBUTIONS

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as indicated below.

If no changes are made to the total amount your employer sends to us for you, you can make changes to your distributions at any time by simply contacting us to let us know what you would like to change.

Account Type	Account Number	Net	Specific Amount
Checking	# _____	<input type="checkbox"/> or \$ _____	
Shares/Savings	# _____	<input type="checkbox"/> or \$ _____	
Loan	# _____	<input type="checkbox"/> or \$ _____	
Loan	# _____	<input type="checkbox"/> or \$ _____	
IRA	# _____	<input type="checkbox"/> or \$ _____	
Other: _____	# _____	<input type="checkbox"/> or \$ _____	
Other: _____	# _____	<input type="checkbox"/> or \$ _____	
Other: _____	# _____	<input type="checkbox"/> or \$ _____	
		TOTAL \$ _____	



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