

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

TOTAL \$_____

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 PA	YROLL DEDUCTION A	UTHORIZ	IOITA	N		
Credit Union Routing Number: 286582779				Member No:		
☐ New ☐ Change	ew □ Change					
Member:		Last four digits of SSN/TIN:				
Employer:			01 001	N/ 111N		
Home D	Daytime Phone:					
I hereby authorize my employer to deduce deposit these funds at the Credit Union further notice from me. I understand that Authorization, I instruct my employer to cafail to cancel this Authorization upon filling make and apply deductions in accordance to increase or decrease the amount of my only applies to a loan or credit extension any payment change made under this power.	for each payroll period for this Authorization is revanced my previous Authorization for bankruptcy, my emple with this Authorization. I deduction upon my writte for which the payment m	ollowing re rocable. If ization and loyer and grant the 0 n or verba	eceipt this in to fo the C Credit I requ	of this Authorization until is a change in a previous ollow this Authorization. If I redit Union are directed to Union a power of attorney est. This power of attorney		
Deposit Amount: ☐ Net Check ☐ \$	Payroll Pe		-	/ ☐ Monthly kly ☐ Semi-Monthly		
	, 10000					
Deposit To: ☐ Savings ☐ Checking X Signature		ffective Da		_		
X Signature		ffective Da				
X Signature	EDIT UNION DISTRIBUTI	ffective Da	ate			
X Signature CRE	EDIT UNION DISTRIBUTION to apply my payroll ded	ffective Date of the control of the	ate each p	ay period as indicated below can make changes to your		
X Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amount	EDIT UNION DISTRIBUTION to apply my payroll ded	ffective Date of the control of the	ate each p	ay period as indicated below can make changes to your		
X Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amound distributions at any time by simply contacting	EDIT UNION DISTRIBUTION to apply my payroll ded at your employer sends to g us to let us know what your	ffective Date of the control of the	ate each p , you ke to c	ay period as indicated below can make changes to your hange.		
X Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amound distributions at any time by simply contacting Account Type	EDIT UNION DISTRIBUTION to apply my payroll ded not your employer sends to g us to let us know what your count Number	ffective Date of the control of the	each p , you ke to c	ay period as indicated below can make changes to your change. Specific Amount		
X Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amount distributions at any time by simply contacting Account Type Checking	EDIT UNION DISTRIBUTION to apply my payroll ded not your employer sends to g us to let us know what your count Number	ffective Date of the leading of the	each p , you ke to c	ay period as indicated below can make changes to your change. Specific Amount		
Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amound distributions at any time by simply contacting Account Type Checking Shares/Savings	EDIT UNION DISTRIBUTION to apply my payroll ded at your employer sends to g us to let us know what your count Number #######	ffective Date of the leading of the	each p , you ke to c or or	ay period as indicated below can make changes to your change. Specific Amount \$ \$		
Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amound distributions at any time by simply contacting Account Type Checking Shares/Savings Loan	EDIT UNION DISTRIBUTION to apply my payroll ded not your employer sends to g us to let us know what your Account Number ########	ffective Date of the leading of the	each p , you ce to c or or	ay period as indicated below can make changes to your change. Specific Amount \$ \$		
Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amount distributions at any time by simply contacting Account Type Checking Shares/Savings Loan Loan	EDIT UNION DISTRIBUTION to apply my payroll ded not your employer sends to g us to let us know what your count Number # # # # # #	ffective Date of the leading of the lead o	or or or	ay period as indicated below can make changes to your change. Specific Amount \$ \$ \$ \$		
Signature CRE By signing above, I authorize the Credit Unit If no changes are made to the total amount distributions at any time by simply contacting Account Type Checking Shares/Savings Loan Loan IRA	EDIT UNION DISTRIBUTION to apply my payroll ded at your employer sends to g us to let us know what your count Number # # # # # # # #	ffective Date of the leading of the lead o	or or or or	ay period as indicated below can make changes to your change. Specific Amount \$		



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Credit Union Routing Number: 286582779				Member No	D:
□ New □	☐ Change				
Member:				Last four dig — of SSN/TIN:	
Employer:					
Home		Daytime			
deposit these further notice f Authorization, I fail to cancel th make and apply to increase or d only applies to	rize my employer to ded funds at the Credit Unic rom me. I understand to instruct my employer to is Authorization upon filly deductions in accordary ecrease the amount of mange made under this pange made under this pange made.	on for each payr hat this Authoriz cancel my preving for bankruptonce with this Auth ny deduction upon for which the	oll period follow ation is revocate ious Authorization, my employer iorization. I gran on my written or vegayment may va	ing receipt of thing le. If this is a clot on and to follow the and the Credit Let the Credit Union repuest. The credit Union or the Credit Union	s Authorization until hange in a previous his Authorization. If I Jnion are directed to a a power of attorney his power of attorney
Deposit Amoun	t: ☐ Net Check ☐ \$		Payroll Period:	□ Weekly	
X	Savings □ Checking	g Account No:		□ Biweekly	☐ Semi-Monthly
Signatur	e		Effecti	ve Date	