PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

	EMPLOYER PAYROLL DEDUCTION	N AUTHORIZATION		
Member:		MEMBER NO	D:	
Employer:		SSN/TIN:		
Home Phone:	Work Phone:			
☐ Initial Authorization ☐ Char	nge in Authorization			
Authorization and to deposit these further notice from me. I understarmy employer to cancel my previou to increase or decrease the amount	henticating, I authorize my employer to funds at the Credit Union for each p nd that this Authorization is revocable. Is Authorization and to follow this Aut tof my deduction upon my written or the payment may vary. I authorize my	ayroll period following If this is a change in a horization. I grant the verbal request. This po	receipt of this previous Author Credit Union a ower of attorne	Authorization until orization, I instruct power of attorney by only applies to a
Deposit Amount:	□ \$	Payroll Period:	☐ Weekly	☐Monthly
Credit Union R/T No:			Biweekly	☐ Semi-Monthly
Deposit To: ☐ Savings ☐ 0	Checking			
Account No:				
Payroll Deduction/Direct Deposit St	tart Date:			
Signature	Date			
X				
	CREDIT UNION DIRECT DEPOSIT	AUTHORIZATION		
By signing above or otherwise aut follows:	henticating, I authorize the Credit Unio	on to apply my payroll	deduction for e	each pay period as
Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	%
Money Market	#	\$	or	%
Loan	#	\$	or	%
Loan	#	\$	or	%
IRA	#	\$	or	%
Other:	#	\$	or	%
Other:	#	\$	or	%
	TOTAL	\$	or	%

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Member:		MEMBER NO) :	
Employer:		SSN/TIN:		
Home Phone:	Work Phone:			
☐ Initial Authorization ☐ Chan	ge in Authorization			
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Deposit Amount:	□\$	Payroll Period:	□Weekly	☐Monthly
Credit Union R/T No:			Biweekly	☐ Semi-Monthly
Deposit To: ☐ Savings ☐ C	Checking			
Account No:				
Payroll Deduction/Direct Deposit St	art Date:			
Signature	Date			
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Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	%
Money Market	#	\$	or	%
Loan	#	\$	or	%
Loan	#	\$	or	%
IRA	#	\$	or	%
Other:	#	\$	or	%
Other:	#	\$	or	%
	TOTAL	\$	or	%

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 Authorization and to deposit these funds at the Credit Union for each particular notice from me. I understand that this Authorization is revocable, my employer to cancel my previous Authorization and to follow this Aut 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 or If this is a change in a horization. I grant the overbal request. This po	receipt of this previous Author Credit Union a ower of attorne	Authorization unti orization, I instruct power of attorney y only applies to a		
Deposit Amount:	Payroll Period:	□Weekly	☐ Monthly		
Credit Union R/T No:		Biweekly	☐ Semi-Monthly		
Deposit To: ☐ Savings ☐ Checking					
Account No:					
Payroll Deduction/Direct Deposit Start Date:					
Signature Date					