

# DIRECT DEPOSIT/PAYROLL DEDUCTION AUTHORIZATION



Member: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Member No: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Payroll No: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Initial Authorization

Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth 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 there is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account. I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Bank Name: \_\_\_\_\_

Deposit to:

City: \_\_\_\_\_

Savings

State: \_\_\_\_\_

Checkings

Zip: \_\_\_\_\_

Account No: \_\_\_\_\_

Deposit Amount:

Payroll Period

Net Check

Weekly

\$ \_\_\_\_\_

Bi-Weekly

Credit Union R/T No: \_\_\_\_\_

Monthly

Semi-Monthly

Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**You Must Print, Sign, and Return to Your Employer**

(by mail, fax or in person)

A signature is needed to complete the process

**PRINT FORM**