

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 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 this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow 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
 Credit Union R/T No: _____
 Deposit To: ☐ Savings ☐ Checking Account No: _____
 Payroll Deduction/Direct Deposit Start Date: _____

Signature X	Date
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EMPLOYER COPY

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above or otherwise authenticating, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or _____	%
Share/Savings	# _____	\$ _____	or _____	%
Money Market	# _____	\$ _____	or _____	%
Loan	# _____	\$ _____	or _____	%
Loan	# _____	\$ _____	or _____	%
IRA	# _____	\$ _____	or _____	%
Other: _____	# _____	\$ _____	or _____	%
Other: _____	# _____	\$ _____	or _____	%
		TOTAL \$ _____	or _____	%

LOANLINER.

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