



Employer Payroll Deduction Authorization

Member _____
Employer _____
Home Phone _____

Member Number _____
SSN _____
Payroll Number _____

[] 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 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 [] \$ _____

Credit Union Routing Number: _____

Deposit To: [] Savings [] Checking

Payroll Period: [] Weekly [] Biweekly [] Semi-Monthly [] Monthly

X _____
Signature

Effective Date



Credit Union Deposit Authorization

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

Share/Draft	# _____	\$ _____
Share/Savings	# _____	\$ _____
Money Market	# _____	\$ _____
Loan	# _____	\$ _____
Loan	# _____	\$ _____
Loan	# _____	\$ _____
Ira	# _____	\$ _____
Other:	# _____	\$ _____
Other:	# _____	\$ _____

Total: _____