



Rockland Employees Federal Credit Union
170 East Central Ave
Spring Valley, NY 10977

DIRECT DEPOSIT AUTHORIZATION

Member: _____

Member #: _____

Employer: _____

SSN/TIN #: _____

Home Phone: _____ Work Phone: _____ Payroll #: _____

Initial Authorization

Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds as 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

Bi-Weekly

Semi-Monthly

Credit Union R/T No: _____

Deposit To: Savings Checking

Account No: _____

Direct Deposit Start Date: _____

Signature

Date

X

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 _____ %

Loan # _____ \$ _____ or _____ %

Loan # _____ \$ _____ or _____ %

IRA # _____ \$ _____ or _____ %

Other # _____ \$ _____ or _____ %

TOTAL \$ _____ or _____ %



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Deposit Amount: \$ _____ Net Check Payroll Period: Weekly Monthly

Credit Union R/T No: _____ Bi-Weekly Semi-Monthly

Deposit To: Savings Checking

Account No: _____

Direct Deposit Start Date: _____

Signature

Date

X

Employer Copy