

DIRECT DEPOSIT AUTHORIZATION

Member:		Member #:				
Employer:		SSN/TIN #:				
Home Phone:	Work	Phone:	Payro	oll #:		
Initial Aut	chorization	Change in A	uthorization			
By signing below or otherw Authorization and to depose Further notice from me. I use my employer to cancel my norease or decrease the amoredit extension for which that attorney.	it these funds as the Cre nderstand that this Auth previous Authorization a count of my deduction up	dit Union for each porization is revocable and to follow this Apon my written or well and to follow this Apon my written or well and the second secon	payroll period following ble. If this is a change authorization. I grant the rerbal request. This po	ng receipt of this A in a previous Auth he Credit Union a ower of attorney or	Authorization until norization, I instruct power of attorney to nly applies to a loan or	
Deposit Amount:	5	Net Check	Payroll Period:	Weekly	Monthly	
Credit Union R/T No:			·	Bi-Weekly	Semi-Monthly	
	s Checking	_				
·						
Account No:						
Direct Deposit Start Date	e:					
Signature	Date					
X						
	CREDIT UNIO	N DIRECT DEPOSIT A	UTHORIZATION			
By signing above or otherwi	se authenticating, I autho	rize the Credit Union	to apply my payroll dec	luction for each pag	y period as follows:	
Share/Draft Checking	#	\$		or	%	
Share/Savings	#	\$		or	%	
Loan	#	\$		or	%	
Loan	#	\$		or	%	
IRA	#	\$		or	%	
Other	#	\$		or	%	
		TOTAL \$		or	%	



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Employer:	SSI	N/TIN #:				
Home Phone: Work P		Phone: Pay		oll #:		
Initial Authori	zation	Change ir	n Authorization			
By signing below or otherwise authorization and to deposit these further notice from me. I understand my employer to cancel my previous increase or decrease the amount of notice extension for which the payment attorney.	unds as the Cred d that this Autho Authorization a ny deduction up	it Union for each rization is revocal nd to follow this A on my written or	payroll period following ble. If this is a change in Authorization. I grant the verbal request. This power bal request.	g receipt of this Aut n a previous Author ne Credit Union a power of attorney only	thorization until rization, I instruct ower of attorney to applies to a loan or	
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	Da	te				
X						