



**PAYROLL DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Name: _____

Employer: _____

Home Phone: _____ Work Phone: _____ Employee 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. Deposit these funds at the Credit Union for each payroll period following receipt of this authorization. I instruct my employer to cancel my previous authorization and to follow this authorization.

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

Credit Union Routing No: 271989060 Biweekly Semi Monthly

Deposit To: Savings Checking Account/Member No. _____

Payroll Deduction/Direct Deposit Start Date: _____

Signature

Date

X