## PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

D12004

	EMPLOYER PAYROLL DEDUCT	TION AUTHORIZAT	TON .	
Member:	Member No:			
Employer:	SS	SSN/TIN:		
		Payroll No:		
	Initial Authorization	Change in Authori	zation	
funds at the Credit Union for understand that this Authorize to cancel my previous Author for bankruptcy, my employer Authorization. I grant the Cred written or verbal request. This	er to deduct from my salary the ame each payroll period following rece tition is revocable. If this is a chan rization and to follow this Authori, and the Credit Union are directed it Union a power of attorney to incr power of attorney only applies to a l nor any payment change made und	ounts set forth in thi ipt of this Authoriza ge in a previous Au zation. If I fail to ca to make and apply ease or decrease the oan or credit extens	s Authorization a ation until furthe athorization, I ins ancel this Autho deductions in ac e amount of my ion for which the	r notice from me. I struct my employer rization upon filing ccordance with this deduction upon my
Deposit Amount:	Check	Payroll Period:	☐ Weekly	☐ Monthly
Credit Union R/T No:			Biweekly	Semi-Monthly
	ngs   Checking Account No:		60-90 Corco-2000-0	•
X				
Signature	EMPLOYER O	COPY	tive Date	*
	CREDIT UNION DIRECT DEPO	SIT AUTHORIZATION	ON	
By signing above, I authorize t	he Credit Union to apply my payrol	deduction for each	pay period as fo	llows:
Share Draft/Checking	#	\$		or%
Share/Savings	#			or%
Money Market	#			or%
Loan	#	\$		or%
Loan	#	\$		or%
IRA	#	\$		or%
Other:	#	\$		or%
Other:	#	\$		or%
		TOTAL \$	0	or %

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