

Signature

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION					
Initial	Change in		Meml	ber No.:	
Member:					
Employer:				SSN/TI	N:
Home Phone:	Work Phone:			Payroll No.:	
union for each payroll revocable. If this is a cauthorization. If I fail to deductions in accordan deduction upon my writ	period following re change in a previou cancel this authorizate with this author tten or verbal reque	eceipt of this authorizus authorization, I insation upon filing for bization. I grant the crest. This power of atte	zation until further notic struct my employer to c ankruptcy, my employer redit union a power of a	ce from me. I under cancel my previous and the credit union attorney to increase loan or credit extens	deposit these funds at the creding retand that this authorization is authorization and to follow this are directed to make and apply or decrease the amount of mysion for which the payment may
Deposit Amount:	Net Check	\$	Payroll Period:	Weekly	Monthly
Credit Union R/T No.:	242278072			Biweekly	Semi-Monthly
Deposit To:	Savings	Checking			
X					

Effective Date