

# PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

## EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: \_\_\_\_\_

MEMBER NO: \_\_\_\_\_

Employer: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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 at 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

Credit Union R/T No: \_\_\_\_\_

Biweekly     Semi-Monthly

Deposit To:     Savings     Checking

Account No: \_\_\_\_\_

Payroll Deduction/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/Savings	# _____		\$ _____
Share Draft/Checking	# _____		\$ _____
Money Market	# _____		\$ _____
Loan	# _____		\$ _____
Loan	# _____		\$ _____
Other: _____	# _____		
Excess _____	# _____		\$ _____
<b>TOTAL</b>			\$ _____

If I am a State of Florida employee, I understand that I must notify my personnel office in addition to completing this form in order to begin/change/stop my payroll deduction.

Taken By: \_\_\_\_\_ Processed By: \_\_\_\_\_

