

498 7th Avenue 2nd Floor New York, NY 10018 Tel: 212 957-1055 Fax: 212 767-1732 IAMFEDCU.ORG

Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member:		MEMBER NO:
Employer:		SSN/TIN:
Home Phone:	Work Phone:	Payroll No:

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		

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 Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	%
Holiday Club	#	\$	or	%
Vacation Club	#	\$	or	%
Loan	#	\$	or	%
Loan	#	\$	or	%
Other:	#	\$	or	%
Other:	#	\$	or	%
		Total \$	or	%



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iod: 🗌 Weekly	Monthly
Biweekly	Semi-Monthly