

Payroll Deduction Direct Deposit Authorization

	EMPLOYER PAYE	ROLL DEDUCTION AUT	HORIZATION	
Member:		Γ	MEMBER NO:	
			SSN/TIN:	
Employer:	Work Phone:		Payroll No:	
	Change in Authorization			
By signing below or otherwise aut and to deposit these funds at the understand that this Authorization Authorization and to follow this Aut upon my written or verbal request. my employer to honor any paymen	Credit Union for each p is revocable. If this is a chorization. I grant the CroThis power of attorney or	payroll period following rece change in a previous Auth- edit Union a power of attorn aly applies to a loan or cred	eipt of this Authorization until to orization, I instruct my employous y to increase or decrease the	further notice from me. er to cancel my previou amount of my deductio
Deposit Amount: Net Check Credit Union R/T No:			Payroll Period: Weekly Biweekly	Monthly Semi-Monthly
Deposit To: Savings	Checking			
Account No:				
Payroll Deduction/Direct Deposit S	tart Date:			
Signature X	Da	te		
	CREDIT UNION	DIRECT DEPOSIT AUTH	HORIZATION	
By signing above or otherwise auth	enticating, I authorize the	Credit Union to apply my p	ayroll deduction for each pay p	eriod as follows:
Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	 %
Money Market		\$		 %
Loan	"	_	or	 %
Loan	· · · · · · · · · · · · · · · · · · ·	Φ.	or	 %
IRA			or	 %
Other:	#	\$	or	 %
Other:	#	\$	or	<u></u> %

Total \$ _____ or ____



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Total \$ _____ or ____%

EMPLOYER PAYRO	LL DEDUCTION AUTH	IORIZATION	
	Ī	MEMBER NO:	
Work Phone:	P	ayroll No:	
Change in Authorization			
Credit Union for each payr s revocable. If this is a cha norization. I grant the Credit This power of attorney only	oll period following receinge in a previous Author Union a power of attorneapplies to a loan or credit	ipt of this Authorization until rization, I instruct my employ by to increase or decrease the	further notice from me. er to cancel my previou amount of my deductio
□ \$		Payroll Period: Weekly	Monthly
		Biweekly	
Checking			,
· ·			
art Date:			
Date			
CREDIT LINION DIR	PECT DEPOSIT AUTH	ORIZATION	
			period as follows:
#	\$		%
			%
#	\$	or	%
#	\$	or	%
#	\$	or	%
#	\$	or	%
#	\$	or	%
	Work Phone: Change in Authorization Date Credit Union for each payres revocable. If this is a chanorization. I grant the Credit This power of attorney only a change made under this power of attorney only a change made u	Work Phone:	SSN/TIN:



4500 13th St. Gulfport, MS 39501 (228) 865-3142

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				
and to deposit these funds at understand that this Authoriza Authorization and to follow this upon my written or verbal requ	the Credit Union for each payroll period tion is revocable. If this is a change in a Authorization. I grant the Credit Union a p	to deduct from my salary the amounts indicated on this Authorization following receipt of this Authorization until further notice from me. previous Authorization, I instruct my employer to cancel my previous power of attorney to increase or decrease the amount of my deduction a loan or credit extension for which the payment may vary. I authorized princy.			
Deposit Amount: Net C	heck S	Payroll Period: Weekly Monthly			
Credit Union R/T No:	· · · · · · · · · · · · · · · · · · ·	Biweekly Semi-Monthly			
Deposit To: Savings	Checking				
Account No:					
Payroll Deduction/Direct Depos	sit Start Date:	<u> </u>			
Signature	Date				
∥x					