PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

	EMPLOYER PAYROLL DEDUCTION	N AUTHORIZATION		
Member:		MEMBER NO):	
Employer:		SSN/TIN:		
Home Phone:	Work Phone:			
☐ Initial Authorization ☐ C	Change in Authorization			
Authorization and to deposit th further notice from me. I under my employer to cancel my prev to increase or decrease the amo	authenticating, I authorize my employer these funds at the Credit Union for each parstand that this Authorization is revocable. Vious Authorization and to follow this Authority of my deduction upon my written or the payment may vary. I authorize my	ayroll period following r If this is a change in a horization. I grant the overbal request. This po	receipt of this previous Auth Credit Union a wer of attorne	Authorization unt orization, I instruc power of attorne y only applies to
Deposit Amount:	eck	Payroll Period:	☐ Weekly	☐ Monthly
Credit Union R/T No:			Biweekly	☐ Semi-Monthly
Deposit To: ☐ Savings	☐ Checking			
Account No:				
Payroll Deduction/Direct Deposi	it Start Date:			
Signature	Date			
x				
	OPERIT LINION DIRECT DEPOCIT	F ALITHODIZATION		
By signing above or otherwise follows:	authenticating, I authorize the Credit Union		deduction for	each pay period a
Share/Savings	#	\$		
Share Draft/Checking	#	\$		
Money Market	#	\$		
Loan	#	\$		
Loan	#	\$		
Other:	#			
Excess	#	\$		
	TOTAL	\$		
If I am a State of Florida employ begin/change/stop my payroll deduc	yee, I understand that I must notify my pers	sonnel office in addition t	to completing the	his form in order to
Taken By:	Processed By:			