

101 N. 13th Street Franklin, PA 16323

DIRECT DEPOSIT AND PAYROLL DEDUCTION AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION										
Name				Member Number						
Address (Street, Route, P.O.	Box APO/FPO)									
7144,000 (011001) 1 10110, 1 1 1 1	DOX, 7.11 O/ O/									
City			State			Zip Code				
SSN/TIN			Home Phone No.	Phone No. Cell Phone No.						
Employer			Work Phone No.							
Deposit Amount		Payroll Period		Credit Union Routing	g/Transit Numbe	er				
☐ Net Check ☐ \$										
Deposit To			,	Payroll Deduction/Direct Deposit Start Date						
☐ Checking ☐	Savings	Account No.:								
of attorney to increase or	decrease the amo ay vary. You author	nion are directed to make and apply dedu ount of your deduction upon your written or rize your employer to honor any payment uthorization	or verbal request. This	power of attorney	only applies to					
×										
<u> </u>										
		CREDIT UNION DIRECT DE	POSIT AUTHORIZA	ATION						
By signing above, you authorize the Credit Union to apply your payroll deduction for each pay period as follows:										
Share draft/Checking	Acct. No.:		\$		or	%				
Share Savings	Acct. No.:		\$		or	%				
Money Market	Acct. No.:		\$		or	%				
Loan	Acct. No.:		\$		or	%				
Loan	Acct. No.:		\$		or	%				
IRA	Acct. No.:		\$		or	%				
Other:	Acct. No.:		\$		or	%				
Other:	Acct. No.:		\$		or	%				
		тот	AL \$		or	%				



101 N. 13th Street Franklin, PA 16323 (814) 432-4091 www.newdirectionsccu.com

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					Zip oodo				
SSN/TIN		Home Phone No.	Cell Phone N).				
Employer		Work Phone No.							
				_					
Deposit Amount	Payroll Period	C	Credit Union Routing	g/Transit Numbe	er .				
□ Net Check □ \$	☐ Weekly ☐ Biweekly ☐ Monthly ☐								
Deposit To		Payroll Deduction/Direct		irect Deposit Sta	ct Deposit Start Date				
☐ Checking ☐ Savings	Account No.:								
You hereby authorize your employer to dec									
payroll period following receipt of this Authorization until further notice from you. You understand that this Authorization is revocable. If this is a change in a previous Authorization, you instruct your employer to cancel your previous Authorization and to follow this Authorization. If you fail to cancel this Authorization upon filing for									
bankruptcy, your employer and the credit union are directed to make and apply deductions in accordance with this Authorization. You grant the credit union a power									
of attorney to increase or decrease the amount of your deduction upon your written or verbal request. This power of attorney only applies to a loan or credit extension									
for which the payment may vary. You authorize your employer to honor any payment change made under this power of attorney.									
☐ Initial Authorization ☐ Change in Authorization									
Signature				Date					
$ _{X}$									