

777 Allegheny Blvd. Franklin, PA 16323 (814) 432-4091 www.newdirectionsccu.com

DIRECT DEPOSIT AND PAYROLL DEDUCTION AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Name			Member Number			
Address (Street, Route, P.O. Box, APO/FPO)						
City			State		Zip Code	
SSN/TIN		Home Phone No.	Phone No. Cell Pho		one No.	
Employer		Work Phone No.				
Deposit Amount	Payroll Period	ayroll Period		Credit Union Routing/Transit Number		
		Comi Monthly				
Net Check \$ Deposit To	Weekly Biweekly Monthly		Payroll Deduction/Di	irect Deposit Sta	art Date	
Checking Savings	Account No.:					

You hereby authorize your employer to deduct from your salary the amounts set forth in this Authorization and to deposit these funds at the credit union for each 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	

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, you authorize the Credit Union to apply your payroll deduction for each pay period as follows:

		TOTAL \$	or	%
Other:	Acct. No.:	\$	or	%
Other:	Acct. No.:	\$	or	%
IRA	Acct. No.:	\$	or	%
Loan	Acct. No.:	\$	or	%
Loan	Acct. No.:	\$	or	%
Money Market	Acct. No.:	\$	or	%
Share Savings	Acct. No.:	\$	or	%
Share draft/Checking	Acct. No.:	\$	or	%



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City		State		Zip Code			
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SSN/TIN		Home Phone No.	Home Phone No. Cell Ph		Phone No.		
Employer		Work Phone No.					
Deposit Amount	Payroll Period		Credit Union Routing/Transit Number				
Net Check S	🗌 Weekly 🗌 Biweekly 🗌 Monthly 🗌 Semi Monthly				_		
eposit To		Payroll Deduction/Direct Deposit Start Date					
Checking Savings	Account No.:						

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