

## **DIRECT DEPOSIT FORM**

		Initial Autho	orization C	hange in Authori	ization	
Member Name:			Member Number:			
Employer:		SSN/TIN:				
Home Phone:			Work Phone:			
at the Credit Union for each Authorization is revocable Authorization and to follow Credit Union are directed attorney to increase or discourse.	ch payroll p e. If this is v this Autho to make an ecrease the t extension attorney.	eriod following recess a change in a prization. If I fail to dapply deductions amount of my de	ary the amounts indicated on the eipt of this Authorization until further previous Authorization, I instructed this Authorization upon in accordance with this Authorization upon my written or warment may vary. I authorize ment may vary. I authorize ment may vary.	urther notice from me ruct my employer to filing for bankruptcy, rization. I grant the C erbal request. This pay employer to honor	I understand that this cancel my previous my employer and the redit Union a power opower of attorney only	
<b>Deposit To</b> : Sa	vings	Checking		Biweekly	Monthly	
Credit Union R/T No	o: <u>26527</u>	<u>74749</u>	Account #:			
X						
Signature			Date			