

Direct Deposit Authorization

Payroll Deduction

Pheple Federal Credit Union

Employer Payroll Deduction Authorization

Member Name _____ Member Number _____

Employer _____ SSN/TIN _____

Home Number _____ Payroll Number _____

Institution Name _____

Initial Authorization

Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney

Deposit Amount Net Check \$ _____

Payroll Period Week Monthly Bi weekly Semi-Monthly

Deposit To Saving Checking

Account Number _____ Start Date _____

Credit Union Routing Number _____

Signature _____ Date _____

