

PO Box 21809 Waco, TX 76702-1809



PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

		EIVIPLOTER PATROLL L	EDUCTION AUTH	ORIZATION		
☐ Initial Authorizat	ion Change	in Authorization		Me	ember No:	
Member:						
Employer:				SSN	/TIN:	
Home Phone:		Work Phone: _		Payr	oll No:	
the Credit Union fo Authorization is reve and to follow this A directed to make an or decrease the am	r each payroll perio ocable. If this is a c authorization. If I fai d apply deductions ount of my deductio	uct from my salary the a d following receipt of the change in a previous Auti I to cancel this Authoriza in accordance with this A on upon my written or vo v vary. I authorize my	is Authorization un norization, I instruct ation upon filing fo Authorization. I gra erbal request. Thi	Intil further notice of my employer to r bankruptcy, my e ant the Credit Unio s power of attorne	from me. I understand cancel my previous Au employer and the Credit on a power of attorney to ey only applies to a loa	d that this thorization Union are to increase n or credit
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly	
				Biweekly	Semi-Monthly	/
Credit Union R/T No) :					
Deposit To:	Savings	Checking	Account No: _			
X						
Signature	9		E	ffective Date		
		CREDIT UNION DIRECT	DEPOSIT AUTHO	RIZATION		
By signing above, I a	uthorize the Credit	Union to apply my payrol	I deduction for each	ch pay period as fo	ollows:	
Share Draft/Checking	J	#		\$	or	%
Share/Savings		#		\$	or	%
Money Market		#		\$	or	%
_oan		#		\$	or	%
_oan		#		\$	or	%
RA		#		\$	or	%
Other:		#		\$	or	%
Other:		#		\$	or	%
			TOTAL	\$	TOTAL	%



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		EMPLOYER PAYROLL DE	EDUCTION AUTH	ORIZATION			
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Member:							
Employer:					SSN/TIN:		
Home Phone: Work Phone:					Payroll No:		
the Credit Union for Authorization is revo- and to follow this Au- directed to make and or decrease the amo	each payroll period cable. If this is a c athorization. If I fail I apply deductions in unt of my deductio	d following receipt of thin hange in a previous Authorizat to cancel this Authorizat n accordance with this Au n upon my written or ve	s Authorization u orization, I instruction upon filing fo uthorization. I graph orbal request. Thi	intil further no ct my employer r bankruptcy, ant the Credit s power of at	prization and to deposit the otice from me. I understate to cancel my previous A my employer and the Cred Union a power of attorney trorney only applies to a long change made under the	and that this authorization dit Union are to increase oan or credit	
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly		
Credit Union R/T No:				Biweekly	y ☐ Semi-Month	nly	
Deposit To:	☐ Savings	☐ Checking	Account No: _				
X Signature			E	ffective Date			
		CREDIT UNION DIRECT	DEPOSIT AUTHO	RIZATION			
By signing above, I au	thorize the Credit L	Inion to apply my payroll	deduction for ea	ch pay period	as follows:		
Share Draft/Checking		#		\$	or	%	
Share/Savings		#		\$	or	%	
Money Market		#		\$	or	%	
.oan		#		\$	 or	%	
.oan		#		\$	or	<u></u> %	
RA		#		\$	or	%	
Other:		#		\$	or	%	
Other:		#		\$	or	%	
			TOTAL	\$	TOTAL	 %	



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Member:						
Employer:				SS	N/TIN:	
Home Phone: Work Phone:				Payroll No:		
the Credit Union for Authorization is revoc and to follow this Au directed to make and or decrease the amou	each payroll period cable. If this is a c thorization. If I fail apply deductions i unt of my deductio	d following receipt of this hange in a previous Author to cancel this Authorizat in accordance with this Author who my written or ver	s Authorization u orization, I instruc- ion upon filing fo uthorization. I gra bal request. Thi	intil further notic of my employer t r bankruptcy, my ant the Credit Ur s power of attor	ation and to deposit these funds at the from me. I understand that this to cancel my previous Authorization of employer and the Credit Union are alion a power of attorney to increase they only applies to a loan or credit change made under this power of	
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly	
Credit Union R/T No:				Biweekly	Semi-Monthly	
Deposit To:	Savings	Checking	Account No: _			
X						
Signature			E	ffective Date		