



**PAYROLL
DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION**

Member

Employer

SSN/TIN

Payroll Number

Member Number

Cell #

Work Phone #

Initial Authorization

Change in Authorization

I hereby authorize my employer to deduct from my 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 me. I understand that this Authorization is revocable. If this a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with 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

Credit Union R/T Number

Deposit to: Savings Checking

Account Number

Payroll Period	
<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Biweekly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Semi-Monthly

Signature

Effective Date

You Must Print, Sign, and Return to Credit Union

(by mail, fax or in person) A signature is needed to complete the process

124 WP Malone, Arkadelphia, AR 71923

Fax: (870) 246-8006