

1-888-219-3159 www.usxfcu.org

## PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

MEMBER I	IO:	
SSN/TIN:		
Payroll No:_		
ayroll period following If this is a change in horization. I grant th verbal request. This	g receipt of this a previous Auth e Credit Union a power of attorne	Authorization unti orization, I instruct power of attorney by only applies to a
Payroll Period	i: Weekly	☐ Monthly
	Biweekly	Semi-Monthly
AUTHORIZATION		
	Il deduction for a	each nay period as
лі со арріў піў раўго	ii deddeddii for e	sacii pay period as
\$	or	%
	SSN/TIN: Payroll No: to deduct from my sa ayroll period following If this is a change in chorization. I grant the verbal request. This employer to honor an  Payroll Period  Payroll Period  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	Son to apply my payroll deduction for each summer or sum



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## PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

	EMPLOYER PAYROLL DEDUCTION	N AUTHORIZATION		
Member:		MEMBER NO	):	
Employer:		SSN/TIN:		
Home Phone:	Work Phone:	Payroll No:		
☐ Initial Authorization ☐ Chan	ge in Authorization			
Authorization and to deposit these further notice from me. I understar my employer to cancel my previou to increase or decrease the amount	henticating, I authorize my employer to funds at the Credit Union for each p nd that this Authorization is revocable. Is Authorization and to follow this Aut to of my deduction upon my written or the payment may vary. I authorize my	ayroll period following r If this is a change in a chorization. I grant the ( verbal request. This po	eceipt of this previous Author Credit Union a wer of attorne	Authorization unti orization, I instruct power of attorney y only applies to a
Deposit Amount:	□\$	Payroll Period:	□ Weekly	☐ Monthly
Credit Union R/T No:			Biweekly	☐ Semi-Monthly
Deposit To: Savings 🔲 C	Checking			
Account No:				
Payroll Deduction/Direct Deposit St	art Date:			
Signature	Date			
X				
	CREDIT UNION DIRECT DEPOSIT	AUTHORIZATION		
By signing above or otherwise authorioms:	henticating, I authorize the Credit Unio	on to apply my payroll o	deduction for e	ach pay period as
Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	%
Money Market	#	\$	or	%
Loan	#	\$	or	%
Loan	#	\$	or	%
IRA	#	\$	or	%
Other:	#	\$	or	%
Other:		\$	or	%
	TOTAL	\$	or	%
			_	



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## PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION						
Member:	MEMBER NO:					
Employer:	SSN/TIN:					
Home Phone: Work Phone:	Payroll No:					
☐ Initial Authorization ☐ Change in Authorization						
By signing below or otherwise authenticating, I authorize my employer to Authorization and to deposit these funds at the Credit Union for each parameter notice from me. I understand that this Authorization is revocable, my employer to cancel my previous Authorization and to follow this Authorization and to follow this Authorization or decrease the amount of my deduction upon my written or value or credit extension for which the payment may vary. I authorize my power of attorney.	yroll period following in a lifthis is a change in a norization. I grant the verbal request. This po	receipt of this previous Author Credit Union a ower of attorne	Authorization until orization, I instruct power of attorney y only applies to a			
Deposit Amount:  Net Check  \$	Payroll Period:	☐ Weekly	☐ Monthly			
Credit Union R/T No:		Biweekly	☐ Semi-Monthly			
Deposit To: Savings Checking						
Account No:						
Payroll Deduction/Direct Deposit Start Date:						
Signature Date						