Education First
FEDERAL CREDIT UNION

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member _____ Member No. _____ Account Type ☐ Checking ☐ Savings

Employer _____ SSN/TIN _____

Phone Home _____ Work _____ Payroll No. _____

☐ **Initial Authorization** ☐ **Change in Authorization**

I hereby 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. If this is a change to 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.

Deposit Amount ☐ Net Check ☐ $ _____

Payroll Period ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semi-Monthly

Credit Union R/T No. **313177785**

X _____ _____ _____
Signature Date Effective Date

X _____ _____
Date
CU Employee or Representative