



P.O. Box 14864 - Reading, PA 19612

PAYROLL DEDUCTION / DIRECT DEPOSIT AUTHORIZATION

Owner's Name (Last, First, MI) Account/Checking Account Number Employer
Home Phone Work Phone X Email Address

Type: [] Payroll Deduction [] Direct Deposit (ACH)
Payroll Frequency: [] Weekly [] Biweekly [] Semi-monthly [] Monthly [] Other
Date new deduction will begin: (If no date, effective immediately)

Important Instructions: This form overrides any previously-filed Payroll/Direct Deposit Authorization form. Amounts shown are current deductions. Enter any new amounts you would like deducted to shares and loans, and indicate the total (or "NET PAY") at the bottom of this form. If changes are needed, cross off current deduction and write in a new amount. Do not decrease loan deductions.
If the total deduction is NET PAY, you must specify "NET" for one Member share (savings or checking account). After all distributions are taken, any remaining funds will deposit to the "NET" specified account.

Table with columns for Member shares (savings or checking), Member loans, and Other UECU Accounts. Includes fields for Share ID #, Loan ID #, Account #, and dollar amounts.

TOTAL PER PAY PERIOD (or "NET PAY") \$ (Enter this total on the Employer's form)

Until further written authorization is given by me, even in the event that I file for bankruptcy, please apply my Credit Union deduction for each pay period as indicated above. I understand that any loan payments scheduled for repayment through this deduction will be applied before deposits are made to my other credit union accounts.

Signature Date Social Security Number Employee Number

[] I have notified my payroll department of this deduction change. UECU's Routing Number is: 2 3 1 3 8 5 6 3 3

Please mail to:

UECU
P.O. Box 14864
Reading, PA 19612-4864

(800)-288-6423 nationwide
(610)-927-4000 in Reading, PA

DOC1748~



P.O. Box 14864 - Reading, PA 19612

Employer Copy

PAYROLL DEDUCTION / DIRECT DEPOSIT AUTHORIZATION

Please print clearly.

Owner's Name (Last, First, MI.) _____ Account/ Checking Account Number _____

Employer _____

Home Phone _____ Work Phone _____ x _____

Type: Payroll Deduction
 Direct Deposit (ACH) — *account type:* Savings Checking (use 14-digit checking account number above)

Payroll Frequency: Weekly Biweekly Semi-monthly Monthly Other _____

Date new deduction will begin _____ (If no date, effective immediately)

TOTAL DEDUCTION PER PAY PERIOD \$ _____ *(Enter total from Credit Union Copy)*

I hereby authorize my Employer to deduct from my salary the amount set forth above 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 from a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization.

PLEASE NOTE: Many employers require that a cancelled check (or deposit ticket) be attached. Please contact your employer's HR/Payroll department for instructions.

Signature _____ Date _____ Social Security Number _____ Employee Number _____

UECU's Routing Number is: **2 3 1 3 8 5 6 3 3**