



**PAYROLL DEDUCTION / DIRECT DEPOSIT AUTHORIZATION**

Please print clearly.

Member's name (Last) (First) (MI) Member or 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.**

<b>Member shares:</b>	Share ID #	_____	_____	\$	_____
(savings or checking)	Share ID #	_____	_____	\$	_____
	Share ID #	_____	_____	\$	_____
	Share ID #	_____	_____	\$	_____
	Share ID #	_____	_____	\$	_____
	Share ID #	_____	_____	\$	_____
	Share ID #	_____	_____	\$	_____
	Share ID #	_____	_____	\$	_____
<b>Member loans:</b>	Loan ID #	_____	_____	\$	_____
	Loan ID #	_____	_____	\$	_____
	Loan ID #	_____	_____	\$	_____
	Loan ID #	_____	_____	\$	_____
	Loan ID #	_____	_____	\$	_____
	Loan ID #	_____	_____	\$	_____
	Loan ID #	_____	_____	\$	_____
	Loan ID #	_____	_____	\$	_____
<b>Other UECU Accounts:</b>	Account #	_____	Share or Loan ID #	_____	\$
	Account #	_____	Share or Loan ID #	_____	\$
	Account #	_____	Share or Loan ID #	_____	_____
	Account #	_____	Share or Loan ID #	_____	_____
	Account #	_____	Share or Loan ID #	_____	\$
	Account #	_____	Share or Loan ID #	_____	\$

**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 ABA/Routing and Transit 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





**PAYROLL DEDUCTION / DIRECT DEPOSIT AUTHORIZATION**

Please print clearly.

Member's name (Last) (First) (MI) Member or 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 ABA/Routing and Transit Number is: **2 3 1 3 8 5 6 3 3**