

## **PAYROLL DEDUCTION / DIRECT DEPOSIT AUTHORIZATION**

Please print clearly.

Type: Payroll Dedu	ction D Weekly	irect Deposit (ACF	H) Semi-monthly	Monthly	Other		
Date new deduction wil	_ ,		,	If no date, effec			
		Member shares:	Share ID #				\$
Important Instructio		(savings or checking)	Share ID #			_	\$
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			Share ID #				\$
			Share ID #				\$
			Share ID #				\$
			Share ID #				\$
			Share ID #				\$
amount. Do not decrease			Share ID #				\$
deductions.		Member loans:	Loan ID #				\$
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			Loan ID #				\$
			Loan ID #				\$
			Loan ID #				\$
the "NET" specified ac			Loan ID #				\$
			Loan ID #				\$
			Loan ID #				\$
			Loan ID #				\$
Other UECU Accounts:	Account #		Share or Loan ID #	<u></u>			\$
	Account #		Share or Loan ID #	<u></u>			\$
	Account #		Share or Loan ID #	<u> </u>			
	Account #		Share or Loan ID #	<u></u>			
	Account #		Share or Loan ID #	<u></u>			\$
	Account #	_	Share or Loan ID #	<u></u>			\$
Until further written author leduction for each pay p leduction will be applied	orization is g eriod as ind	icated above. I un	TOTAL PER in the event that I derstand that any	R PAY PERIOD file for bankrup	(Enter this	apply my Cr	

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 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.

Social Security Number

Date

UECU's ABA/Routing and Transit Number is: 2 3 1 3 8 5 6 3 3

Signature

Employee Number