



ACCOUNT NUMBER

34-21 Review Ave, Long Island City, NY 11101
 718-878-4624 | Phone 718-878-4623 | Fax
info@cu804.org | Email
www.cu804.org

PAYROLL DEDUCTION/DIRECT DEPOSIT AUTHORIZATION

Member Name: _____ SSN/TIN/UPS ID #: _____
 Employer: _____
 Home Phone: _____ Cell Phone: _____

Initial Authorization

Change in Authorization

Stop Payroll

I hereby authorize my employer to deduct from my salary the amounts set forth in 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. I understand that this Authorization is revocable. If this is a change in 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. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount

Net Pay check:

Or Specified Amt: \$ _____

Payroll Frequency

- Weekly
- Monthly
- Semi Monthly
- Bi-weekly

Deposit to Acct #

- Reg. Share (Savings) (01)
- Share Draft (Checking) (70)

Credit Union Routing No. 026083470

Signature: _____ Date Authorized: _____

CREDIT UNION DISTRIBUTION

By signing above, I authorize the Credit Union to apply my payroll deposits for each period as follows:

Account Type	Suffix	Amount
Share Draft/Checking	70	\$
Savings	1	\$
Holiday (Christmas) Club	2	\$
Vacation Club	3	\$
IRA		\$
TOTAL		\$