



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:

Table with 3 columns: Account Type, Suffix, Amount. Rows include Share Draft/Checking, Savings, Strike Fund, Holiday (Christmas) Club, Vacation Club, IRA, and TOTAL.