



ACCOUNT NUMBER

44 S Bayles Ave. Ste 204
 Port Washington, NY 11050
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 Email: info@cu804.org
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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

Payroll Frequency

Deposit to Acct #

Net Paycheck:

Weekly
 Monthly

Reg. Share (Savings) (01)

Or Specified Amt: \$ _____

Semi Monthly
 Bi-weekly

High Yield Savings (05)

Share Draft (Checking) (70)

Credit Union Routing Number: 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	\$
Regular Shares/Savings	1	\$
Holiday (Christmas) Club	2	\$
Vacation Club	3	\$
High Yield Savings	5	\$
Other		\$
TOTAL		\$