

COMPASS FINANCIAL

FEDERAL CREDIT UNION

PO Box 227880 • Doral FL, 33222
(305) 887-9781 • Toll Free (888) 367-8656 • Fax (305) 887-3310

Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____
Employer: _____
Home Phone: _____ Work Phone: _____

MEMBER NO: _____

SSN/TIN: _____

Payroll No: _____

☐ Initial Authorization ☐ Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on 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. 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 Check ☐ \$ _____

Credit Union R/T No: _____

Deposit To: ☐ Savings ☐ Checking

Effective Date: _____

Payroll Period: ☐ Weekly ☐ Monthly
☐ Biweekly ☐ Semi-Monthly

Signature	Date
X	

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above or otherwise authenticating, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	#	_____	\$	_____
Share/Savings	#	_____	\$	_____
Money Market	#	_____	\$	_____
Loan	#	_____	\$	_____
Loan	#	_____	\$	_____
IRA	#	_____	\$	_____
Other: _____	#	_____	\$	_____
Other: _____	#	_____	\$	_____
Total			\$	_____



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