

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

Payroll Deduction Direct Deposit Authorization

| | EMPLOYER PAYR | OLL DEDUCTION | N AUTHORIZATION | | | |
|---|--|---|---|---|--|--|
| Member: | | | MEMBER NO | | | |
| | | | | | | |
| Home Phone: | oloyer: Work Phone: | | | SSN/TIN: Payroll No: | | |
| ☐ Initial Authorization ☐ Cha | nge in Authorization | | | | | |
| By signing below or otherwise authentiand to deposit these funds at the Creunderstand that this Authorization is real Authorization and to follow this Authorization my written or verbal request. This my employer to honor any payment characteristics. | dit Union for each pay ovocable. If this is a catalion. I grant the Cre power of attorney on | ayroll period follow change in a previo dit Union a power ly applies to a loan | ing receipt of this Authous Authorization, I instruct attorney to increase of | orization until furt uct my employer t or decrease the an | her notice from me. It is cancel my previous mount of my deduction | |
| Deposit Amount: Net Check | \$ | | Payroll Period | : Weekly | Monthly | |
| Credit Union R/T No: | | | • | Biweekly | Semi-Monthly | |
| Deposit To: Savings Che | | | | | | |
| Effective Date: | ~ | | | | | |
| | | | | | | |
| Signature | Dat | e | | | | |
| X | | | | | | |
| | CREDIT UNION D | DIRECT DEPOSI | T AUTHORIZATION | | | |
| By signing above or otherwise authentic | cating, I authorize the | Credit Union to ap | oly my payroll deduction | for each pay perio | od as follows: | |
| Share Draft/Checking | # | | . | | | |
| Share/Savings | | | 3 | | | |
| Money Market | # | | S | | | |
| Loan | щ | | · | | | |
| Loan | # | | · | | | |
| IRA | # | | · | | | |
| Other: | # | | · | | | |
| Other: | # | | . | | | |
| | | Total S | S | | | |



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| | EMPLOYER PAYR | OLL DEDUCTION AUTHORIZATION | | | |
|--|--|--|------------------------|--|--|
| Member: | | MEMBER NO: | | | |
| Employer: | | | SSN/TIN:Payroll No: | | |
| Home Phone: | Work Phone: | Payroll No: | | | |
| ☐ Initial Authorization ☐ C | Change in Authorization | | | | |
| and to deposit these funds at the ounderstand that this Authorization is Authorization and to follow this Authorization and the following the fo | Credit Union for each pass revocable. If this is a contraction. I grant the Crechis power of attorney on | r employer to deduct from my salary the amounts indicated on this Authorization period following receipt of this Authorization until further notice from receipt in a previous Authorization, I instruct my employer to cancel my previous Union a power of attorney to increase or decrease the amount of my deducy applies to a loan or credit extension for which the payment may vary. I authorower of attorney. | ne. I ious ction | | |
| Deposit Amount: Net Check | \$ | Payroll Period: Weekly Monthly | | | |
| Credit Union R/T No: | | Biweekly Semi-Mont | hly | | |
| Deposit To: Savings | Checking | | | | |
| Effective Date: | | | | | |
| | | | | | |
| Signature | Dat | | | | |
| X | | | | | |
| | CREDIT UNION D | IRECT DEPOSIT AUTHORIZATION | | | |
| By signing above or otherwise authe | | 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: | # | \$ <u></u> | | | |
| | | Total \$ | | | |



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Payroll Deduction Direct Deposit Authorization EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

| LIMITED TERT ATROLL DEDUCTION AUTHORIZATION | | | | | | | | |
|---|--|--|--|---|--|--|--|--|
| Member: | | | MEMBER NO: | | | | | |
| Employer: | | | SSN/TIN: | | | | | |
| Home Phone: | Work Phone: | F | ayroll No: | | | | | |
| ☐ Initial Authorization | Change in Authorization | | | | | | | |
| and to deposit these funds at understand that this Authoriza Authorization and to follow this upon my written or verbal requ | authenticating, I authorize my employ the Credit Union for each payroll petion is revocable. If this is a change i Authorization. I grant the Credit Unior est. This power of attorney only appliement change made under this power or | riod following rece n a previous Autho n a power of attorn s to a loan or credi | eipt of this Authorization, I instru- ey to increase or | orization until furth ct my employer to decrease the am | her notice from me. I o cancel my previous nount of my deduction | | | |
| Deposit Amount: Net C | heck S | | Payroll Period: | Weekly | Monthly | | | |
| Credit Union R/T No: | | | • | Biweekly | Semi-Monthly | | | |
| Deposit To: Savings | Checking | | | | | | | |
| Effective Date: | | | | | | | | |
| | | 1 | | | | | | |
| Signature | Date | | | | | | | |
| x | | | | | | | | |