

PAYROLL DEDUCTION & DIRECT DEPOSIT AUTHORIZATION

Employer Payroll Deduction Authorization

Member Account # _____



Name _____
Address _____
City _____ **State** _____
Zip _____
Telephone# _____
Payroll# _____

- New Enrollment**
- Change in Authorization**

*I hereby authorize my employer to deduct from my salary the amounts set forth below and to deposit these funds at the **Savastate Teachers Federal Credit Union** for each payroll period following the receipt of this Authorization until further notice from me. 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.*

*By signing this form, I authorize the **Savastate Teachers Federal Credit Union** to apply my payroll deduction for each pay period as follows:*

Deposit Amount	Payroll Period
\$ _____	<input type="radio"/> Weekly
	<input type="radio"/> Biweekly
	<input type="radio"/> Monthly
	<input type="radio"/> Semi-Monthly

Credit Union R/T # 061112843 _____

Effective Date _____

Signature _____

Credit Union Direct Deposit Authorization

Share Savings \$ _____
 Holiday Club \$ _____
 Loan# _____ \$ _____