

IU7 FEDERAL CREDIT UNION

2300 FREEPORT RD, 15 FELDARELLI SQUARE, NEW KENSINGTON, PA 15068
Phone 724-339-0635/800-540-0635 Fax 724-339-0605 IU7FEDERALCREDITUNION.ORG

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION FORM

Return via mail, fax, or email

Member Name: _____

Member #: _____

Employer: _____

Phone#: _____

Choose (Circle) below:

Initial Authorization

Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at the IU7 Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me. I instruct my employer to cancel my previous Authorization and following 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 Check or \$ _____

Payroll Period: **Choose (Circle) below**

Weekly Monthly

Biweekly Semi-Monthly

Deposit to Account # _____

Signature

Effective Date