



UFCW LOCAL 1776
FEDERAL CREDIT UNION
 3031 A Walton Rd., Suite 310
 Plymouth Meeting, PA 19462
 (610) 941-2604



**PAYROLL DEDUCTION
 DIRECT DEPOSIT
 AUTHORIZATION**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member:		Member Acct. No:
Employer:		SSN/TIN:
Phone Home ()	Work ()	Payroll No:
<input type="checkbox"/> Initial Authorization		<input type="checkbox"/> 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 Credit Union for each payroll period following 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.

Deposit Amount <input type="checkbox"/> Net Check	Payroll Period <input type="checkbox"/> Weekly
	<input type="checkbox"/> Biweekly
<input type="checkbox"/> \$	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Semi-Monthly

Credit Union R/T No: **236084476**

X Signature	Effective Date
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EMPLOYER COPY



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CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, 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	\$ _____