## PAYROLL DEDUCTION AGREEMENT

## DATE:

$\qquad$


#### Abstract

NAME: $\qquad$ ACCOUNT NUMBER: $\qquad$ EMPLOYER NAME/ ADDPRESS= EMPLOYEE PIN NUMBER(PN): $\qquad$ POSITION: $\qquad$ RIC\# (School Number): $\qquad$


I authorize my employer to (Check one account ONLY):
$\qquad$ Deduct from my pay \$
\$ -------------------------------------- payday and forward to my credit union $\qquad$ Checking _ Savings account.

I hereby authorize my employer to deduct from my salary the amounts set forth above and to deposit these funds at the Credit Union for each payroll period following receipt of this authorization. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. The employer reserves the right to pay by payroll check in lieu of direct deposit when paying terminal leave or when unforeseen or emergency conditions arise. I further authorize changes to either increase or decrease the amount of my deduction upon notice to you by my credit union without my signature. 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. If funds that I am not entitled to are deposited to my account. I authorize the reversal of these funds. I understand that I will continue to receive a paycheck during the prenotification period and until such time my employer can implement this direct deposited /payroll authorizations. It is understood and agreed that this authorization shall remain in full force and effect until canceled by the credit union. IRA contributions made through payroll deduction will be credited for the calendar year in which they are received by the credit union. I shall look solely to my credit union for responsibility in the application of funds deducted from my salary and paid to said credit union, and for information regarding my credit union account. You must provide either a VOIDED check or a bank letter with the complete account number and routing number when submitting this form.

DATE: $\qquad$ EMPLOYEE SIGNATURE: $\qquad$ EMPLOYEE INITIALS: $\qquad$
To my account:
Account Number: $\qquad$ Name:
To other accounts:
ID\#
ID\#


