

JAX FEDERAL

CREDIT UNION

DIRECT DEPOSIT/PAYROLL DEDUCTION AGREEMENT

ACCOUNT NUMBER _____

NAME _____
 (LAST) (FIRST) (M.I.)

PN# _____ EMPLOYER NAME/ADDRESS _____

I authorize my employer to (Check one only) POSITION _____ RC# _____

Direct Deposit my check Savings Checking

Deduct from my pay \$ _____ per pay day and forward to my credit union.

I hereby authorize my employer to deduct from my salary the amount 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 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 as my employer can implement this direct deposit/payroll authorization. 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 credit for 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 _____ MEMBER SIGNATURE _____ EMPLOYEE INITIALS _____

To my account: Account Number _____ Name: _____

To my account:		To other accounts:					
ID#	ID#	Account #	Share	LN ID#	Share	Loans	Acct. Name
REG SHARE # _____ \$ _____	SPECIAL PURP. # _____ \$ _____	_____	_____	_____	_____	_____	_____
MONEY MARKET # _____ \$ _____	SPECIAL PURP. # _____ \$ _____	_____	_____	_____	_____	_____	_____
MONEY MARKET # _____ \$ _____	IRA # _____ \$ _____	_____	_____	_____	_____	_____	_____
CHECKING # _____ \$ _____	MISC. # _____ \$ _____	_____	_____	_____	_____	_____	_____
CHECKING # _____ \$ _____	MISC. # _____ \$ _____	_____	_____	_____	_____	_____	_____