UKRAINIAN NATIONAL F.C.U.

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

	EMPLOYER PAYROLL DED	JUCTION AUTHORIZ	ATION	
Member:			Member No:	
Employer:	Work Phone:		SSN/TIN:	
Home Phone:	Work Phone:	· ·	Payroll No:	
	Initial Authorization	Change in Author	orization	· ·
funds at the Credit Union understand that this Authorito cancel my previous Authorization. I grant the C written or verbal request. The content of the conte	oyer to deduct from my salary the for each payroll period following prization is revocable. If this is a thorization and to follow this Authorization and to follow this Author and the Credit Union are directly the control of attorney to his power of attorney only applies the honor any payment change made	receipt of this Author change in a previous thorization. If I fail to ted to make and app increase or decrease to a loan or credit externs.	ization until further noti Authorization, I instruct cancel this Authorization by deductions in accordathe amount of my deductions in accordathe amount of my deductions in the payn	ce from me. I my employer on upon filing ance with this ction upon my
Credit Union R/T No:	et Check \$\$\$ 226078544 avings			Semi-Monthly
X				•
Signature	EMPLOYE	ER COPY Eff	ective Date	
e de la companya de l	CREDIT UNION DIRECT D	FPOSIT AUTHORIZA	TION :	
By signing above, I authorize	ze the Credit Union to apply my pa	·		•
Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	
Money Market	#	\$	or	%
Loan	#	\$	or	%
Loan	#	\$	or	%
IRA	#	\$	or	%
Other:	#	\$	or	%
Other:	#	\$	or	%
		TOTAL \$	or	%
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