339 North Elm Street Northwest Hills Torrington, CT 06790 Telephone: 860-496-7326 FAX: 860-489-4486

Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member:		MEMBER NO:	
Employer:		SSN/TIN:	
Home Phone:	Work Phone:	Payroll No:	

Initial Authorization	Change in Authorization
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Credit Union

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow 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 🗌 \$	_ Payroll Period: 🗌 Weekly 🛛	Monthly
Credit Union R/T No:	_ Biweekly [Semi-Monthly
Deposit To: Savings Checking		
Account No:	_	
Payroll Deduction/Direct Deposit Start Date:	_	
Signature Date		
x		

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above or otherwise authenticating, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	%
Money Market	#	\$	or	%
Loan	#	\$	or	%
Loan	#	\$	or	%
IRA	#	\$	or	%
Other:	#	\$	or	%
Other:	#	\$	or	%
		Total \$	or	%

Payroll Deduction **D**:

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Credit Union R/T No:			Biweek	ly 🗌 Semi-Monthly
Deposit To: Savings	Checking			
Account No:				
Payroll Deduction/Direct Deposit	Start Date:			
Signature	Da	te		
X				
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Share/Savings	#	\$	or	%
Money Market	#	•		%
Loan	#		or	%
Loan	#		or	%
IRA		\$	or	%
Other:	#	\$	or	%
Other:	#	\$	or	%
		Total \$	or	%

Payroll Deduction Direct Deposit Authorization

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Employer:		SSN/TIN:	
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Initial Authorization		Change in	Authorization
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