



P.O. Box 24027
 Oklahoma City, OK 73124
 405.606.6328 877.677.6328
 Fax: 405.606.6345

**PAYROLL DEDUCTION
 DIRECT DEPOSIT
 AUTHORIZATION**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Initial Authorization Change in Authorization

Account No. _____

Member/Owner: _____

Employer: _____

SSN/TIN: _____

Phone: Home: _____ Work: _____

Payroll No.: _____

E-mail: Home: _____ Work: _____

I hereby 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. 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	Net Check	Payroll Period	Weekly
			Biweekly
			Monthly
			Semi-Monthly
	\$ _____		

Credit Union Routing No.: _____

X _____
 Signature

 Effective Date

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 \$	_____

Form Completed By: _____

Date Completed: _____



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Deposit Amount

Net Check

Payroll Period

Weekly

Biweekly

Monthly

Semi-Monthly

\$ _____

Credit Union Routing No.: _____

X _____
 Signature

 Effective Date