

Member \_\_\_\_\_ Member Account# \_\_\_\_\_

Employer \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Payroll Number \_\_\_\_\_

Initial Authorization

Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and 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 Credit Union are directed to make and apply deductions in accordance to this Authorization.

Deposit Account \_\_\_\_\_

Net Check

Payroll Period \_\_\_\_\_

\$ \_\_\_\_\_

- Weekly
- Bi Weekly
- Monthly
- Semi-Monthly

Credit Union R/T No. \_\_\_\_\_

Signature \_\_\_\_\_

Effective Date \_\_\_\_\_

**EMPLOYER COPY**

**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 _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>



**Campaign  
To Save**

Our Mission ~ To help residents of inner cities improve the quality of their lives to reflect individual God-given dignity and personal achievement.

New Community Federal Credit Union  
274 South Orange Ave., Newark, NJ 07103  
www.newcommunityFCU.org  
973-621-2363 or 973-621-5624

