

DIRECT DEPOSIT AUTHORIZATION PAYROLL DEDUCTION

14 Research Dr • Bethel, CT 06801

1-800-722-2936

www.soundviewfcu.org

DIRECT DEPOSIT AUTHORIZATION							
Member:				Member No.:			
Employer:				SSN/TIN:			
Home Phone:		Work Pho	ne:		Payroll No.:		
		☐ Initial Authori	zation Ch	ange in Authorizat	tion		
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 0	Check	□ \$		Payroll Period:	☐ Weekly☐ BiWeekly	☐ Monthly☐ Semi-Month	nly
Credit Union Routing Number: 221183159							
Deposit To: ☐ Savings ☐ Checking Account Number:							
XSignature				Effective Date			
		T UNION PAYR					
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	%
Loan	#			\$		or	%
IRA	#			\$		or	%
Other:	#			\$		or	%
Other:	#			\$		or	%
		7	ГОТАL	\$			