

PAYROLL DEDUCTION/DIRECT DEPOSIT AUTHORIZATION

Member:	Member Acct. No.						
Employer:		SSN #/ TIN:					
Employer's Address:							
Phone: HOME		WORK:		Ext:			
Please check and complete one (1)							
☐ Start Direct Deposit of	□ Net Check		☐ Deposit Amount \$				
☐ Start Payroll Deduction of	\$		Per pay				
☐ Change my total current	\$		Per pay				
payroll deduction to:							
☐ Change my current allocation	s <u>only</u>						
-	-						
I hereby authorize my Employer to deduct from my sal							
payroll period following receipt of this Authorization u to cancel my previous Authorization and to follow this							
began it, namely in writing to ABCO. I wish to continu							
future deductions, even in the event of bankruptcy, and							
accordance with my pre -bankruptcy instructions.							
PAYROLL PER	NOD: UWeekly	\Box Biweek	ly				
Credit Unio	on Routing and	Transit – ABA	#2312-7827-4				
Signature Effective Date							
THIS DEDUCTION V	WILL CONTINUE U	NLESS ABCO IS N	NOTIFIED IN WRITING	r.			
Cut Here	EMPLOYI	ER COPY					

CREDIT UNION ALLOCATION AUTHORIZATION

By signing above, I authorize the Credit Union to allocate my funds for each pay period as follows:

PLEASE INCLUDE MEMBER NUMBER & ACCOUNT TYPE IF ALLOCATING TO ANOTHER(S) ACCOUNT

Account Type	S/L-Type	Amount		
Savings				
Checking				
Money Market				
Loan #				
Loan #				
IRA				
Summer Pay (1)				
Summer Pay (5)				
Christmas Club				
Summer Vacation		<u> </u>		
Winter Vacation				
Other			Member #	Account
Other			Member #	Account -
Other			Member #	Account T
	Total	<u> </u>	Member #	Account Typ



