



DEDUCTION AUTHORIZATION

Please print clearly.

Member's name (Last) (First) (MI) Member or Checking Account Number Social Security Number/Tax ID

Employer

Home Phone Work Phone x E-mail address

This form overrides any previously-filed Deduction Authorization. Amounts shown are current deductions. Enter any new amounts you would like deducted to shares and loans, and indicate the total (or "NET PAY") at the bottom of this form. If changes are needed, cross off current deduction and write in new amount. Do not decrease loan deductions. **If the total deduction is NET PAY, you must specify "NET" for one savings or checking account.**

Type: Payroll Deduction Direct Deposit (ACH)

Payroll Frequency: Weekly Biweekly Semi-monthly Monthly Other _____

Date new deduction will begin: _____ (If no date, effective immediately)

Member shares		Member loans	
Share Savings	\$ _____	Loan # _____	\$ _____
Checking Account	_____	Loan # _____	_____
Special Savings	_____	Loan # _____	_____
Holiday Savings	_____	Loan # _____	_____
Vacation Savings	_____	Loan # _____	_____
IRA	_____	Loan # _____	_____
Money Market Savings	_____	Loan # _____	_____
Money Market Checking	_____	Loan # _____	_____
_____	_____	Loan # _____	_____
_____	_____	Loan # _____	_____

Other member accounts

Account # _____	Share/Loan # _____	\$ _____
Account # _____	Share/Loan # _____	_____
Account # _____	Share/Loan # _____	_____
Account # _____	Share/Loan # _____	_____
Account # _____	Share/Loan # _____	_____
Account # _____	Share/Loan # _____	_____

TOTAL PER PAY PERIOD (or "NET PAY") \$ _____
(Enter this total on the Employer's form)

Until further written authorization is given by me, even in the event that I file for bankruptcy, please apply my Credit Union deduction for each pay period as indicated above. I understand that any loan payments scheduled for repayment through this deduction will be applied before deposits are made to my other credit union accounts.

Signature _____ Date _____

I have notified my payroll department of this deduction change.

UECU's ABA/Routing and Transit Number is: **2 3 1 3 8 5 6 3 3**

Please mail to:

UECU
P.O. Box 14864
Reading, PA 19612-4864

(800)-288-6423 nationwide
(610)-927-4000 in Reading, PA



DEDUCTION AUTHORIZATION

Please print clearly.

Member's name (Last) _____ (First) _____ (MI) _____ Member or Checking Account Number _____ Social Security Number/Tax ID _____
 Employer _____ Employee Number _____
 Home Phone _____ Work Phone _____

Type: Payroll Deduction
 Direct Deposit (ACH) — *account type:* Savings Checking (use 14-digit checking account number above)

Payroll Frequency: Weekly Biweekly Semi-monthly Monthly Other _____

Date new deduction will begin _____ (If no date, effective immediately)

TOTAL DEDUCTION PER PAY PERIOD \$ _____ *(Enter total from Credit Union Copy)*

I hereby authorize my Employer to deduct from my salary the amount set forth above 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 from a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization.

PLEASE NOTE: Many employers require that a cancelled check (or deposit ticket) be attached. Please contact your employer's HR/Payroll department for instructions.

Signature _____ Date _____

UECU's ABA/Routing and Transit Number is: **2 3 1 3 8 5 6 3 3**