

# Sperry Marine Federal Credit Union Direct Deposit Application

## Employer Payroll Deduction Authorization

Member \_\_\_\_\_ Member Acct No. \_\_\_\_\_

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

Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Payroll No. \_\_\_\_\_

**Initial Authorization**

**Change In Authorization**

I hereby authorize my Employer to deduct from my salary the amounts set forth below 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 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 R/T No. 251480165

X \_\_\_\_\_  
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 \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_