



ACH/Payroll Authorization Form

Please print, complete and submit to your company's Payroll or Human Resources Department.

Member Name: _____ Account #: _____

Transit/ABA Number: 2313-8010-4 Company Name: _____

| | |
|------------------------------|---|
| Total amount deducted: | <input type="checkbox"/> Net Check |
| | <input type="checkbox"/> Partial Deduction \$ _____ |
| Primary account for deposit: | <input type="checkbox"/> Savings |
| | <input type="checkbox"/> Checking |

I hereby authorize the above named company to begin Automated Clearing House (ACH/payroll deduction) credit to the above account(s) in the amount(s) listed. In the event the payroll is not forwarded in a timely manner by my company, any loan payments due will be made at the credit union.

Member Signature: