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PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member _____

Member 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 the 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. _____

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 \$ _____