MOUNTAIN CREDIT UNION
Your Community Credit Union

www.mountaincu.org

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

☐ **Initial**   ☐ **Change in**

Account No. _____

Member/Owner: _____

Employer: _____   SSN/TIN: _____

Phone: Home: _____   Work: _____   Payroll No.: _____

E-mail: Home: _____   Work: _____

I hereby authorize my Employer to deduct from my salary the amounts indicated on this authorization 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 Routing No.: _____

X_____   _____
Signature   Effective Date

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	$_____

D1200 Rev. 2/03

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

☐ **Initial**   ☐ **Change in**

Account No. _____

Member/Owner: _____

Employer: _____

SSN/TIN: _____

Phone: Home: _____ Work: _____

Payroll No.: _____

E-mail: Home: _____ Work: _____

I hereby authorize my Employer to deduct from my salary the amounts indicated on this authorization 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 Routing No.: _____

X_____   _____
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Loan #: _____ $_____

Loan #: _____ $_____

IRA: _____ $_____

Other: _____ $_____

Other: _____ $_____

                              TOTAL $_____