Authorization Agreement for Electronic Direct Deposit/Payroll Deduction

Member Last Name (please print) First Middle Initial

Member Account Number Social Security Number

Employer

Home Phone Work Phone

☐ New 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 the 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 Net Check? ☐ Net Check Payroll Period: ☐ Weekly
OR ☐ Biweekly
Deposit Fixed Amount? ☐ $_____ ☐ Monthly
☐ Checking ☐ Savings Account ☐ Semimonthly

Depository Name: Money One Federal Credit Union
P.O. Box 6398
Largo, MD 20792-6398

Routing Number: 2550-7760-0

Signature of Primary Owner 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 (fill in all amounts that apply, this form supersedes any previous requests):

Checking	$_____
Regular Savings	$_____
Holiday Club	$_____
Vacation Club	$_____
Money Market	$_____
Loan #	$_____
Loan #	$_____
IRA	$_____
Other	$_____