JERSEY CENTRAL FEDERAL CREDIT UNION

PO Box 661 Cranford, NJ 07016 1-888-772-3040



PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

		EMPLOYER PAYROLL DE	DUCTION AUTH	ORIZATION		
☐ Initial Authorization	on ☐ Change i	n Authorization			Member No:	
Member:						
Employer:					SSN/TIN:	
Home Phone:		Work Phone:			Payroll No:	
the Credit Union for Authorization is revo- and to follow this Au- directed to make and or decrease the amo	each payroll period cable. If this is a cl athorization. If I fail I apply deductions in unt of my deductio	I following receipt of this hange in a previous Authorizat to cancel this Authorizat haccordance with this Au n upon my written or ver	s Authorization u orization, I instruction upon filing fo uthorization. I gra rbal request. Thi	ntil further no ot my employer bankruptcy, ant the Credit s power of at	orization and to deposit the otice from me. I understander to cancel my previous A my employer and the Cred Union a power of attorney torney only applies to a long change made under this	nd that this uthorization lit Union are to increase an or credit
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly	
Credit Union R/T No:				Biweekly	/ Semi-Month	ly
Deposit To:	☐ Savings	☐ Checking	Account No: _			
X Signature			E	ffective Date		
		CREDIT UNION DIRECT	DEPOSIT AUTHO	RIZATION		
By signing above, I au	thorize the Credit L	Inion to apply my payroll	deduction for each	ch pay period	as follows:	
Share Draft/Checking		#		\$	or	%
Share/Savings		#		\$	or	%
Money Market		#		\$	or	%
.oan		#		\$	or	%
.oan		#		\$	or	%
RA		#		\$	or	%
Other:		#		\$	or	%
Other:		#		\$	or	%
			TOTAL	\$	TOTAL	%

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Member:							
Employer:				S	SN/TIN:		
Home Phone:	Work Phone:			Pa	Payroll No:		
the Credit Union for Authorization is rev and to follow this A directed to make ar or decrease the am	or each payroll perion or each payroll perion or call perion of the ca	d following receipt of this change in a previous Author I to cancel this Authorizat in accordance with this Author on upon my written or ver	s Authorization u prization, I instru- ion upon filing fo uthorization. I gr rbal request. Thi	intil further noti of my employer r bankruptcy, m ant the Credit U s power of atto	zation and to deposit thestice from me. I understant to cancel my previous Aury employer and the Creditation a power of attorney orney only applies to a load change made under this	d that this uthorization t Union are to increase an or credit	
Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly		
Cradit Union B/T No	· ·			Biweekly	Semi-Monthly	У	
Deposit To:	☐ Savings	☐ Checking	Account No: _				
X Signatur	e		E	ffective Date			
		CREDIT UNION DIRECT	DEPOSIT AUTHO	RIZATION			
By signing above, I a	authorize the Credit I	Union to apply my payroll	deduction for ea	ch pay period as	s follows:		
Share Draft/Checking	9	#		\$	or	%	
Share/Savings		#		\$	or	%	
Money Market		#		\$	or	%	
_oan		#		\$	or	%	
_oan		#		\$	or	%	
RA		#		\$	or	%	
Other:		#		\$	or	%	
Other:		#		\$	or	%	
			TOTAL	\$	TOTAL	%	

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Member:						
Employer:					N/TIN:	
Iome Phone: Work Phone:				Payroll No:		
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Deposit Amount:	☐ Net Check	□ \$	Payroll Period:	☐ Weekly	☐ Monthly	
Credit Union R/T No:				Biweekly	☐ Semi-Monthly	
Deposit To:	Savings	Checking	Account No: _			
X						
Signature		<u> </u>	E	ffective Date		