

## DIRECT DEPOSIT AUTHORIZATION PAYROLL DEDUCTION

1102 W. Votaw St., Portland, IN 47371

260-726-2142

crossroadsfcu.org

DIRECT DEPOSIT AUTHORIZATION				
Member: Member No.:				
Employer: SSN/TIN:				
Home Phone:	Work Phone:		Payroll No.:	
	☐ Initial Authorizat	ion   Change in Authorizat	tion	
By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the financial institution for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the financial institution a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.				
Deposit Amount:   Net C		Payroll Period:	<ul><li>☐ Weekly</li><li>☐ BiWeekly</li></ul>	<ul><li>☐ Monthly</li><li>☐ Semi-Monthly</li></ul>
Routing Number: 27497560	02			
Deposit To: ☐ Savin	ngs	Account Number	:	
X				
Signature		Effective Date		
	vise authenticating, I authorize Cro	ossRoads Financial Federal Cred	lit Union to apply 1	my payroll deduction for
each pay period as follows: Share Draft/Checking	#	<u> </u>		or%
Share/Savings	#	\$		or%
Money Market	#			or%
Loan	#			or%
Loan	#			or%
Loan	#			or%
IRA	#	<u> </u>		or%
Other:	#	\$		or%
Other:	#	\$		or%
	TO	TAL \$	<del></del>	