



PAYROLL DEDUCTION/DIRECT DEPOSIT ALLOCATION AUTHORIZATION FORM

Initial Authorization

Change in Authorization

For questions with this form, please contact (212) 957-1055 ext. 1000 or 1021

MEMBER NAME		MEMBER NUMBER	SOCIAL SECURITY #
MEMBER ADDRESS			
PAYROLL FREQUENCY WEEKLY BIWEEKLY MONTHLY BIMONTHLY		EMPLOYER NAME	
TYPE OF ACCOUNT	ACCOUNT NUMBER	DIRECT DEPOSIT/ALLOCATION AMOUNT	
SHARE DRAFT/CHECKING	# _____	\$ _____	OR _____ %
SHARE/SAVINGS	# _____	\$ _____	OR _____ %
VACATION CLUB	# _____	\$ _____	OR _____ %
HOLIDAY CLUB	# _____	\$ _____	OR _____ %
SIGNATURE LOAN	# _____	\$ _____	OR _____ %
AUTO LOAN	# _____	\$ _____	OR _____ %
OTHER	# _____	\$ _____	OR _____ %
OTHER	# _____	\$ _____	OR _____ %
By signing below or otherwise authenticating, I authorize the 1199 SEIU Federal Credit Union to apply my payroll deduction for each pay period as indicated above.			
X Signature of member _____		Date _____	



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