



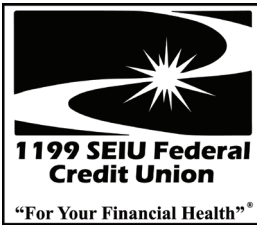
# EMPLOYER PAYROLL DEDUCTION/DIRECT DEPOSIT AUTHORIZATION FORM

Initial Authorization

Change in Authorization

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

MEMBER NAME		MEMBER NUMBER	
EMPLOYER		DEPARTMENT	
EMPLOYER ADDRESS			
HOME PHONE	WORK PHONE	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER
DEPOSIT AMOUNT  NET CHECK \$ _____	PAYROLL PERIOD WEEKLY BIWEEKLY MONTHLY BIMONTHLY	START DATE MM/DD/YY  ___/___/___	CREDIT UNION R/T NUMBER: <b>226077862</b>  DEPOSIT TO    CHECKING    SAVINGS  ACCOUNT NUMBER _____
<p>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 1199 SEIU Federal Credit Union 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 1199 SEIU Federal Credit Union 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.</p>			
X Signature of member _____		Date _____	



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