



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 #
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MEMBER ADDRESS

PAYROLL FREQUENCY WEEKLY BIWEEKLY MONTHLY BIMONTHLY	EMPLOYER NAME
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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 _____