



**Credit Union
of New Jersey**

1301 Parkway Ave • Ewing, NJ 08628
609-538-4061 • 800-538-4061
www.CUNJ.org

**Payroll Deduction
Direct Deposit
Authorization**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member Name: _____ Member/Account Number: _____
 Employer Name: _____ Social Security/Tax ID#: _____
 Employer Address: _____ Payroll Number: _____
 Phone Number: _____ Other: _____

Initial Authorization

Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth below and to deposit these funds at the credit union for each payroll period following receipt of this authorization until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this authorization.

Deposit Amount or NET Payroll Period : Weekly
 \$ _____ Biweekly
 Monthly
 Semi-Monthly

CREDIT UNION R/T NO. 23127861-4

Signature X _____

Effective Date _____

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Savings: \$ _____ Loan _____ : \$ _____
 Share Draft/Checking: \$ _____ Loan _____ : \$ _____
 Money Market: \$ _____ Other: \$ _____
 Club Account: \$ _____ Other: \$ _____
 IRA: \$ _____ Other: \$ _____

CREDIT UNION COPY

Cut Here



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Deposit Amount or NET Payroll Period : Weekly
 \$ _____ Savings Biweekly
 Checking Monthly
 Semi-Monthly

CREDIT UNION R/T NO. 23127861-4

Signature X _____

Effective Date _____

EMPLOYER COPY