



# Employer Payroll Deduction Authorization

1301 Parkway Ave., Ewing, NJ 08628 | (800) 538-4061 | [cunj.org](http://cunj.org)

**Payroll Deduction Direct  
Deposit Authorization**

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Social Security/Tax ID: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

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       MONTHLY  
 BIWEEKLY       SEMI-MONTHLY

Credit Union R/T No. 23127861-4

Signature \_\_\_\_\_

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 \$: \_\_\_\_\_      Loan \$: \_\_\_\_\_

Share Draft/Checking \$: \_\_\_\_\_

Loan \$: \_\_\_\_\_      Loan \$: \_\_\_\_\_

Money Market \$: \_\_\_\_\_

Other \$: \_\_\_\_\_

Club Account \$: \_\_\_\_\_

Other \$: \_\_\_\_\_

IRA \$: \_\_\_\_\_

Other \$: \_\_\_\_\_

----- CREDIT UNION COPY, CUT HERE -----



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EMPLOYER COPY