

**DIRECT DEPOSIT OF PAYROLL AUTHORIZATION**

Please complete and submit to your payroll department for processing

I authorize you and the Credit Union to deposit my payroll deduction automatically to my Credit Union Account each payday. The credit entries to said account should be in the amount of \$\_\_\_\_\_ or \_\_\_\_\_% per pay. If funds to which I am not entitled are deposited to my account, I authorize you to direct the Credit Union to return said funds. This authority will remain in effect until I have cancelled it in writing.

**PLEASE PRINT CLEARLY:**

Union Settlement Federal Credit Union  
Credit Union Name

\_\_\_\_\_  
Employee Name

237 East 104 Street  
Credit Union Address

\_\_\_\_\_  
Employee's Signature

New York, N. Y. 10029  
City State Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings

Transit Routing Number:

[ :	2	2	6	0	7	8	5	7	3	[ :
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Account Number Information:

1	2	4	4	0	0	0	0	0						]] ‘
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