

CORNER STONE CREDIT UNION

130 HISTORIC TOWN SQUARE

LANCASTER, TX 75146

TOLL FREE (800)345-5690 LOCAL (972)218-9266

**PAYROLL DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION****EMPLOYER PAYROLL DEDUCTION AUTHORIZATION**MEMBER: _____
EMPLOYER: _____
PHONE: HOME _____ WORK _____MEMBER NUMBER: _____
SSN/TIN: _____
PAYROLL NUMBER: _____ **INITIAL AUTHORIZATION** **CHANGE IN AUTHORIZATION**

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at the 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. 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. I grant the 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.

DEPOSIT AMOUNT: Net Check \$ _____

PAYROLL PERIOD

 WEEKLY BIWEEKLY MONTHLY SEMI-MONTHLY

CREDIT UNION R/T No: _____

DEPOSIT TO: Savings Checking
Account No: _____X
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 DRAFT/ CHECKING

_____ \$ _____ OR _____ %

SHARE/SAVINGS

_____ \$ _____ OR _____ %

MONEY MARKET

_____ \$ _____ OR _____ %

LOAN #

_____ \$ _____ OR _____ %

LOAN #

_____ \$ _____ OR _____ %

IRA

_____ \$ _____ OR _____ %

OTHER

_____ \$ _____ OR _____ %

OTHER

_____ \$ _____ OR _____ %

TOTAL \$ _____ OR _____ %