



**PAYROLL DEDUCTION DIRECT
DEPOSIT AUTHORIZATION**

189 Ballston Avenue
Saratoga Springs, NY 12866
518.583.2323
Fax: 518.583.9143
SaratogaFederal.com

Member Name: _____ Member Number: _____

Employer: _____ SSN/TIN: _____

Home Phone: _____ Cell Phone: _____

____ 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 and 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 ____ Monthly ____ Biweekly ____ Semi-Monthly

Deposit To: ____ Savings ____ Checking Account Number: _____

Credit Union Routing and Transit Number: 221379659

Signature

Effective Date

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

Account Type	Account Number	Amount

Total Amount: _____

Credit Union Staff Only

Information sent to _____ SSCSD on _____ (date). Staff Initials _____

Saratoga's Community Federal Credit Union

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