uark FEDERAL CREDIT UNION
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P.O. Box 1643
Fayetteville, AR 72702
Phone: (479) 521-1199 or 1-800-499-8328

LOANLINER.

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

☐ Initial Authorization ☐ Change in Authorization

Member No:

Member: _____

Employer: _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Payroll No: _____

I hereby authorize my employer to deduct from my salary the amounts indicated on 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 ☐ Monthly ☐ Biweekly ☐ 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	$ _____	TOTAL	_____ %

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