

Payroll Deduction Direct Deposit Authorization

Initial Authorization Change in Authorization

Full Name	
Membership Number	E-mail Address
Social Security Number	Employer
Employer Address	City/State/Zip
Employee/Payroll Number	Department
() -	() -
Home Phone	Work Phone

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the E1 Financial Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change from 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. Neither the Employer nor an officer or agent thereof shall be liable or responsible for loss from any case of a deposit standing in my name in said Credit Union or for any change in rules and regulations thereof.

Pay Frequency (check one):
 Weekly Bi-Weekly Monthly Semi-Monthly

Deposit into my Account (check one):
 Share Savings Checking

Deposit Amount (check one):
 Net Check Amount \$ _____ each pay period

ANY FAX OF SIGNATURE MAY BE HELD EQUALLY ENFORCEABLE AS MY GENUINE SIGNATURE.

X

Applicant's Signature	Date
By signing above, I authorize E1 Financial Credit Union to apply my payroll deduction for each pay period as follows:	
Checking	\$ _____
Share Savings	\$ _____
Cookie Jar	\$ _____
Loan # _____	\$ _____
Loan # _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL \$ _____	

Complete, detach, fold and seal, then mail.
You can also fax your request to (323) 981-4100.