

Payroll Deduction and Direct Deposit Authorization EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Name			UBI Account	t Number (REQUIRED)		
Address			Social Secu	rity Number (REQUIRED)	
City	State	Zip	Payroll Num	Payroll Number:		
E-Mail (REQUIRED)			Company (employer) N	Name:		
Telephone Day (REQUIRED)						
Talanhana Francisa						
I hereby authorize my employer to for each payroll period following re in a previous authorization, I instruupon filing bankruptcy, my employ UBI Federal Credit Union a power attorney only applies to a loan or opower of attorney. Deposit Amount: Net Check UBI Routing and Transit: 21117 Deposit To: Savings	eceipt of this auct my employ rer and UBI Fe er of attorney to credit extension	outhorization until fur er to cancel my pre- deral Credit Union o increase or decr	ther notice from me. I under ther notice from me. I under evious authorization and to are directed to make and a ease the amount of my de ment may vary. I authorize r	ation and to deposit these retand that this authorizat follow this authorization. pply deduction in accord duction upon my written my employer to honor any Payroll Period:	tion is revocable. If the lift of If I fail to cancel this ance with this author or verbal request.	his is a change s authorization rization. I grant This power of
Signature: Date:						
			*AUTHORIZATION:			
			Inion DIRECT DEPOSIT AU redit Union to apply my payroll deduced to the control of		ws:	
			Account Number	Dollar Amount OR Pe	ercentage (CHOOSE	ONLY ONE)
Share Draft/ Checking		#		\$	or	%
Share Savings		#		\$	or	%
Money Market		#		\$	or	%
Loan		#		\$	or	%
Loan		#		\$	or	%
IRA		#		\$	or	%
Other:		#		\$	or	%
Other:		#		\$	or	%
			TOTAL	¢	or	0/2





