

R-G Federal Credit Union 421 Remington Plaza Court Raymore, MO 64083 (816) 783-5900 • www.rgfcu.com

Payroll Deduction Direct Deposit Authorization

	EMPLOYER PAYE	ROLL DEDUCTION AU	JTHORIZATION .	
Member:			MEMBER NO:	
Employer:			SSN/TIN:	
Home Phone:	Work Phone: _		Payroll No:	
☐ Initial Authorization	Change in Authorizatio			
and to deposit these funds at understand that this Authorizati Authorization and to follow this	the Credit Union for each pon is revocable. If this is a Authorization. I grant the Crest. This power of attorney or	nayroll period following rechange in a previous Au edit Union a power of attoally applies to a loan or ch	om my salary the amounts indicate eceipt of this Authorization until thorization, I instruct my employ orney to increase or decrease the edit extension for which the payn	further notice from me. ver to cancel my previous a amount of my deduction
Deposit Amount: Net Ch Credit Union R/T No:	eck		Payroll Period: Weekly Biweekl	
Deposit To: Savings Account No:	Checking			,,
Payroll Deduction/Direct Deposi	t Start Date:			
Signature X	Da	te		
	CREDIT UNION I	DIRECT DEPOSIT AU	THORIZATION	
By signing above or otherwise a	uthenticating, I authorize the	Credit Union to apply my	/ payroll deduction for each pay p	period as follows:
Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	 %
Money Market			or	 %
Loan		\$		
Loan	#	Φ.	or	
IRA	#	\$		 %
Other:	#		or	 %
Other:		·		9/2

Total \$ _____ or ____%



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Employer:	Work Phone:		Payroll No:	
	Change in Authorization			
By signing below or otherwise aut and to deposit these funds at the understand that this Authorization Authorization and to follow this Aut upon my written or verbal request. my employer to honor any paymen	Credit Union for each p is revocable. If this is a thorization. I grant the CroThis power of attorney or	payroll period following rece change in a previous Author edit Union a power of attorn only applies to a loan or credi	eipt of this Authorization until to orization, I instruct my employe ey to increase or decrease the	further notice from me. er to cancel my previou amount of my deductio
Deposit Amount: Net Check Credit Union R/T No:			Payroll Period: Weekly Biweekly	Monthly Semi-Monthly
Deposit To: Savings	Checking			
Account No:				
Payroll Deduction/Direct Deposit S	tart Date:			
Signature X	Da	te		
	CREDIT UNION	DIRECT DEPOSIT AUTH	IORIZATION	
By signing above or otherwise auth	enticating, I authorize the	Credit Union to apply my p	ayroll deduction for each pay p	eriod as follows:
Share Draft/Checking	#	\$	or	%
Share/Savings	#	\$	or	 %
Money Market		\$		 %
Loan	"	_	or	 %
Loan	· · · · · · · · · · · · · · · · · · ·	Φ	or	 %
IRA			or	 %
Other:	#	\$	or	 %
Other:	#	\$	or	%

Total \$ _____ or ____%



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Member:			MEMBER NO:				
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Home Phone:	Work Phone:						
☐ Initial Authorization	☐ Change in Authorization						
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Deposit Amount: Net C	heck		Payroll Period:	Weekly	Monthly		
Credit Union R/T No:			•	Biweekly	Semi-Monthly		
Deposit To: Savings	Checking						
Account No:							
Payroll Deduction/Direct Depo	sit Start Date:						
Signature	Date						
$\ \mathbf{X}\ $							