



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

Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____

MEMBER NO: _____
 SSN/TIN: _____
 Payroll No: _____

Initial Authorization Change in Authorization

By signing below or otherwise authenticating, I 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. 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 \$ _____
 Credit Union R/T No: _____
 Deposit To: Savings Checking
 Account No: _____
 Payroll Deduction/Direct Deposit Start Date: _____

Payroll Period: Weekly Monthly
 Biweekly Semi-Monthly

Signature	Date
X	

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above or otherwise authenticating, 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				\$	_____	or _____ %



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

Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____

MEMBER NO: _____
 SSN/TIN: _____
 Payroll No: _____

Initial Authorization Change in Authorization

By signing below or otherwise authenticating, I 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. 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 \$ _____
 Credit Union R/T No: _____
 Deposit To: Savings Checking
 Account No: _____
 Payroll Deduction/Direct Deposit Start Date: _____

Payroll Period: Weekly Monthly
 Biweekly Semi-Monthly

Signature	Date
X	

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above or otherwise authenticating, 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				\$	_____	or _____ %



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

Payroll Deduction Direct Deposit Authorization

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member: _____
 Employer: _____
 Home Phone: _____ Work Phone: _____

MEMBER NO: _____
 SSN/TIN: _____
 Payroll No: _____

Initial Authorization **Change in Authorization**

By signing below or otherwise authenticating, I 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. 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 \$ _____
 Credit Union R/T No: _____
 Deposit To: Savings Checking
 Account No: _____
 Payroll Deduction/Direct Deposit Start Date: _____

Payroll Period: Weekly Monthly
 Biweekly Semi-Monthly

Signature	Date
X	