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**PAYROLL DEDUCTION DIRECT
DEPOSIT AUTHORIZATION**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Initial Authorization

Change in Authorization

Member Account Number

Member:

Employer:

SSN/TIN:

Home Phone:

Work Phone:

Payroll No:

I hereby authorize my employer to deduct from my salary the amount 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.

Specific Amount

Deposit Amount:	Net Check	Payroll Period:	Weekly
			Biweekly
Credit Union R/T No:			Monthly
Deposit To:	Savings	Checking	See Distribution Below
			Semi-Monthly

Member 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	Account #:	Amount \$:	or	%
Share Savings	Account #:	Amount \$:	or	%
Money Market	Account #:	Amount \$:	or	%
Loan Suffix	Account #:	Amount \$:	or	%
Loan Suffix	Account #:	Amount \$:	or	%
IRA	Account #:	Amount \$:	or	%
Other	Account #:	Amount \$:	or	%
Other	Account #:	Amount \$:	or	%
		TOTAL \$:		TOTAL %