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# PAYROLL DEDUCTION

## EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member/Owner \_\_\_\_\_

Account No. \_\_\_\_\_

Employer \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Payroll No. \_\_\_\_\_

E-mail: Home \_\_\_\_\_ Work: \_\_\_\_\_

Initial Authorization       Change in Authorization

I hereby 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. 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.

Deposit Amount

Net Check

Payroll Period  Weekly

Biweekly

Monthly

Semi-Monthly

\$ \_\_\_\_\_

Credit Union R/T No. 244077255

**X**

Date: \_\_\_\_\_

Effective Date \_\_\_\_\_

Employer Copy