Destinations Credit Union Employer Payroll Deduction/Direct Deposit Authorization

				EMPLOYEE: Fill out distribution below	
Name		Account #	Social Security #	EMPLOYER: This section is for the 0	Credit Union's
Home Phone	Work Phone	Cel	l Phone	internal use. By signing below, I authorize the Cred my payroll deduction/direct deposit for	
Employer Name	ver Name Employer Address			as follows:	or each pay pend
Destinations Credit Union R/T Number: 252076442				Checking Account #	\$
	YROLL DEPARMENT TO: net (entire) pay to my SAV ONE): Weekly Bi-weekly Semi-mo		O CHECKING	Share Savings Account #	\$
	f \$tr ONE): Weekly Bi-weekly Semi-mo		SAVINGS or CHECKING	Loan #	
I hereby authorize my Employer to deduct from my salary the amounts set forth above and to deposit those 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 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				IRA #Other #	
accordance with this Authorization. I grant the Credit Union a powe		of attorney to increase or decrease the amount of my deduction upon n or credit extension for which the payment may vary. I authorize my		Other #	
X				If depositing your net check, the remai should be applied to Account #	•