

PAYROLL DEDUCTION/DIRECT DEPOSIT AUTHORIZATION

Member Name:	Member Acct. No:
Employer:	
Employer's Address:	
Daytime Phone:	

Please complete one (1)

Start Direct Deposit of	<input type="checkbox"/> Net Check	Deposit Amount \$
Start Payroll Deduction of	\$	Per pay
Change my total current payroll deduction to:	\$	Per pay

Please check (1) account where the funds will be deposited.

Checking Savings

-or-

Summer Pay Club (Board of Education - 10 month employees only)

ABCO Federal Credit Union Routing and Transit – ABA #2312-7827-4

I hereby authorize my Employer to deduct from my salary, the amounts indicated above and to deposit these funds at ABCO Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change from a previous authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ Effective Date _____

