

**CREDIT UNION  
of NEW JERSEY**1301 Parkway Ave • Ewing, NJ 08628  
609-538-4061 • 800-538-4061  
www.CUNJ.org**Payroll Deduction  
Direct Deposit  
Authorization****CREDIT UNION  
of NEW JERSEY**1301 Parkway Ave • Ewing, NJ 08628  
609-538-4061 • 800-538-4061  
www.CUNJ.org**Payroll Deduction  
Direct Deposit  
Authorization****EMPLOYER PAYROLL DEDUCTION AUTHORIZATION**Member \_\_\_\_\_ ACN \_\_\_\_\_  
Employer \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Phone Home ( ) Work ( ) Payroll No. \_\_\_\_\_

Initial Authorization

Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below 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<br>Biweekly<br>Monthly<br>Semi-Monthly |
|----------------|-----------|----------------|---|
|                | \$        |                |   |

**CREDIT UNION R/T NO. 23127861-4**

X

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 | \$ |
| Share/Savings        | \$ |
| Money Market         | \$ |
| Loan #               | \$ |
| Loan #               | \$ |
| IRA                  | \$ |
| Other                | \$ |
| Other                | \$ |
| <b>TOTAL</b>         |    |

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|                | \$        |                |   |

**CREDIT UNION R/T NO. 23127861-4**

X

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

**EMPLOYER COPY****EMPLOYER PAYROLL DEDUCTION AUTHORIZATION**Member \_\_\_\_\_ ACN \_\_\_\_\_  
Employer \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Phone Home ( ) Work ( ) Payroll No. \_\_\_\_\_

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| Loan #               | \$ |
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| Other                | \$ |
| Other                | \$ |
| <b>TOTAL</b>         |    |

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