

Bridgeton Onized Federal Credit Union
 339 Main Street
 Cedarville, NJ 08311
 Phone: 856-692-4000

**DIRECT DEPOSIT AND
 PAYROLL DEDUCTION AUTHORIZATION**

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

| | | | |
|--|--|---|-------------------------------------|
| Name | | Member Number | |
| Address (Street, Route, P.O. Box, APO/FPO) | | | |
| City | | State | Zip Code |
| SSN/TIN | | Home Phone No. | Cell Phone No. |
| Employer | | Work Phone No. | |
| Deposit Amount | Payroll Period | | Credit Union Routing/Transit Number |
| <input type="checkbox"/> Net Check <input type="checkbox"/> \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly | | |
| Deposit To | | Payroll Deduction/Direct Deposit Start Date | |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | Account No.: | |

You hereby authorize your employer to deduct from your salary the amounts set forth in this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from you. You understand that this Authorization is revocable. If this is a change in a previous Authorization, you instruct your employer to cancel your previous Authorization and to follow this Authorization. If you fail to cancel this Authorization upon filing for bankruptcy, your employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. You grant the Credit Union a power of attorney to increase or decrease the amount of your deduction upon your written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. You authorize your employer to honor any payment change made under this power of attorney.

Initial Authorization Change in Authorization

| | |
|-----------|------|
| Signature | Date |
| X | |

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, you authorize the Credit Union to apply your payroll deduction for each pay period as follows:

| | | | | |
|----------------------|------------|-----------|-----------|----------|
| Share draft/Checking | Acct. No.: | \$ | or | % |
| Share Savings | Acct. No.: | \$ | or | % |
| Money Market | Acct. No.: | \$ | or | % |
| Loan | Acct. No.: | \$ | or | % |
| Loan | Acct. No.: | \$ | or | % |
| IRA | Acct. No.: | \$ | or | % |
| Other: _____ | Acct. No.: | \$ | or | % |
| Other: _____ | Acct. No.: | \$ | or | % |
| TOTAL | | \$ | or | % |