



**GREATER CLEVELAND COMMUNITY  
CREDIT UNION**  
601 Lakeside Ave E Rm 3  
Cleveland, OH 44114  
www.greaterclevcu.com

**PAYROLL DEDUCTION  
DIRECT DEPOSIT**

**EMPLOYER PAYROLL DEDUCTION AUTHORIZATION**

Member: \_\_\_\_\_

**MEMBER NO:** \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Payroll No: \_\_\_\_\_

**Initial Authorization**       **Change in Authorization**

By signing below or otherwise authenticating, I 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. 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 to follow this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a power of attorney.

Deposit Amount:     Net Check     \$ \_\_\_\_\_

Payroll Period:     Weekly     Monthly

Credit Union R/T No: \_\_\_\_\_

Biweekly     Semi-Monthly

Deposit To:     Savings     Checking

Account No: \_\_\_\_\_

Payroll Deduction/Direct Deposit Start Date: \_\_\_\_\_

Signature	Date
X	