

St. Joseph Medical Center MD FCU
7601 Osler Drive
Towson, MD 21204

PAYROLL DEDUCTION
AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member:

Member Account No:

Employer:

SSN/TIN: - -

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 \$ _____

Payroll Period Weekly
 Bi-Weekly

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 as follows:

Shares/Savings	\$ _____
Share Draft/Checking	\$ _____
Loan # _____	\$ _____
Loan # _____	\$ _____
Christmas Club	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL:	\$ _____