



Payroll Deduction Card

Set Up Change in authorization

Member Number: _____

Name: _____

Payroll Number: _____

Employer: _____

Frequency: _____

ECU Credit Union's Routing and Transit number for direct deposit is: 263177725

This Payroll Deduction authorization is for ECU Credit Union use only, the employee (our member) must complete and submit to their employer the required employer direct deposit authorization form to initiate the payroll deposit. The employer's direct deposit form you should indicate how much you would like deposited into your checking account or "Net" if you want the remaining monies deposited into your checking account. All other distributions should be totaled and the total should be listed as "Savings" on the employer's direct deposit form.

Deposit to Checking: (amount) _____
(Enter Net Check If Remaining Money is for checking)

Deposit to Savings: (amount) _____
(Should equal total below)

I authorize ECU Credit Union to apply my "Savings" payroll deposit for each pay period as follows:

Same Member Number

- 1. Savings (01) \$ _____
- 2. Other Savings (02) \$ _____
- 3. Christmas Club (06) \$ _____
- 4. Money Market (76) \$ _____
- 5. IRA \$ _____
- 6. Other: _____ \$ _____
- 7. Other: _____ \$ _____
- 8. Loan # _____ \$ _____
- 9. Loan # _____ \$ _____
- A. Total (1 through 9) \$ _____**

Different Member Number

- 10. Mbr #: _____ Savings (01) \$ _____
- 11. Mbr #: _____ Checking (75) \$ _____
- 12. Mbr #: _____ Youth (03) \$ _____
- 13. Mbr #: _____ Other: _____ \$ _____
- 14. Mbr #: _____ Other: _____ \$ _____
- 15. Mbr #: _____ Other: _____ \$ _____
- 16. Mbr #: _____ Other: _____ \$ _____
- 17. Mbr #: _____ Loan # _____ \$ _____
- 18. Mbr #: _____ Loan # _____ \$ _____
- B. Total (10 through 18) \$ _____**

Total (A and B) Payroll Distributions: \$ _____ (Should equal deposit to savings above)

This authorization will remain enforce until the Credit Union receives written authorization from the member to cancel and/or modify.

X
 Member: _____ Date

X
 Joint Member: _____ Date

Please sign and return the form to ECU Credit Union by fax 727-393-0127 or mail P. O. Box 4818 Seminole, FL 33775. For more details call 1-800-382-2400. Once ECU Credit Union receives your form and verifies your identity your request will be processed.