



DIRECT DEPOSIT AUTHORIZATION
PAYROLL DEDUCTION

1414 Chatburn Avenue, Harlan IA 51537 712-755-3881 www.towncountrycu.com

DIRECT DEPOSIT 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 financial institution 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 financial institution 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 loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: [ ] Net Check [ ] \$ \_\_\_\_\_ Payroll Period: [ ] Weekly [ ] Monthly [ ] BiWeekly [ ] Semi-Monthly

Routing Number: 304977677

Deposit To: [ ] Savings [ ] Checking Account Number: \_\_\_\_\_

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

By signing above or otherwise authenticating, I authorize Town & Country Credit Union to apply my payroll deduction for each pay period as follows:

Table with 4 columns: Account Type, Amount (#), Amount (\$), and Percentage (%). Rows include Share Draft/Checking, Share/Savings, Money Market, Loan, IRA, Other, and a TOTAL row.