

**** ONLY FIELDS AVAILABLE ARE NEEDED ****



ACH Direct Deposit & Payroll Deduction Authorization

1627 Holland Road | Maumee, OH 43537 | 800.786.0945

Fax: 419-893-4809 | www.sunfederalcu.org

Complete this form and give it to your employer's payroll department.

Sun Federal Credit Union Routing & Transit Number: 241282412

Name: <input type="checkbox"/>		Joint Name: <input type="checkbox"/>	
Agent Name: <input type="checkbox"/>		Other Name: <input type="checkbox"/>	
Account #:		SSN:	Employer:

ACH/DIRECT DEPOSIT

Choose One:

<input type="checkbox"/> Savings Account #:
<input type="checkbox"/> Checking MICR #:
<input type="checkbox"/> HSA MICR #:

Choose One:

<input type="checkbox"/> Net Check
<input type="checkbox"/> Fixed Amount: \$

PAYROLL DEDUCTION

Choose One:

<input type="checkbox"/> Savings Account #:
<input type="checkbox"/> Checking MICR #:

Choose One:

<input type="checkbox"/> New: \$
<input type="checkbox"/> Change from: \$ to: \$

SIGNATURES

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.

X _____

Date

X _____

Date

X _____

Date

X _____

Date