Member Name:			Member Number: (Where payroll will be sent)			
				(Where payroll will be sent)		
	DIRECT D	DEPOSIT/PAY	ROLL DEDUCT	ION ALLOCATIONS		
			Change New	,		
I have authorized	(Company Name) to deduct the following amount out of my payroll check:					
	Weekly:	Bi-weekly:	Monthly:	Semi-monthly:		
Deductions are to	be applied as follo	WS: (If this is a change, an	y current distributions will	be stopped and replaced by those listed below.)		
Savings	Acct	Туре	\$\$			
Savings		Туре				
Savings		Туре				
Money Market	Acct	Туре	\$			
Xmas	Acct	Туре	\$			
Share Draft	Acct	Туре	\$			
Loan	Acct	Туре	\$			
Loan	Acct	Туре	\$			
Loan	Acct	Type	\$	<u> </u>		
I understand that the attorney to change		evocable any time witho	ut penalty. Upon my v	erbal or written request, I grant the credit u	nion power o	
-	•	f attorney to increase or ange, or the placement o		f my deduction to a loan if that loan paymennsurance (CPI).	t changes du	
Signature			Date			
Effective Date for	Payroll Changes			CU REP		