Chicago Municipal Employees Credit Union 18 S Michigan Avenue, Suite 1000 Chicago, IL 60603

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

	EMPLOYER PAYROLL DEDUCTION AUTHORIZATION	DN	
Initial Authorization	Change in Authorization	Member No.:	
Member:			
Employer:		SSN/TIN:	
Home Phone:	Work Phone:	Payroll No.:	

I hereby authorize my employer to deduct from my salary the amounts indicated on this authorization and to deposit these funds at the credit union 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. 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. I grant the credit union 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	
Credit Union R/T No.:						
Deposit To:	Savings	Checking				
X						
Signature			Eff	ective Date		
		CREDIT UNION DIRI	ECT DEPOSIT AUTHOR	IZATION		
By signing above, I aut	horize the credit un	ion to apply my pay	roll deduction for each	pay period as follo	WS:	
Share Draft/Checking		#		\$	or	%
Share/Savings		#		\$	or	%
Money Market		#		\$	or	%
Loan		#		\$	or	%
Loan		#		\$	or	%
IRA		#		\$	or	%
Other:		#		\$	or	%

Other:

\$

TOTAL \$

or

TOTAL

#

%

%