

DIRECT DEPOSIT AUTHORIZATION PAYROLL DEDUCTION

DIT UNION 133 Ma'a Street, Kahului, HI 96732

1-808-244-7981

www.wailukufcu.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 \$						
Routing Number: 3213800			•	☐ BiWeekly	☐ Semi-Monthly	
•						
XSignature			Effective Date			
By signing above or other period as follows:	wise authe	enticating, I authorize Wai	luku Federal Credit Union to	apply my payroll do	eduction for each pay	
Share Draft/Checking	#		\$		or%	
Share/Savings	#		\$		or%	
Money Market	#		\$		or%	
Loan	#		\$		or%	
Loan	#		\$		or%	
Loan	#		\$		or%	
IRA	#		\$		or%	
Other:	#		\$		or%	
Other:	#		\$		or%	
		ТОТ	CAL \$			