

WBRT FEDERAL CREDIT UNION
673 ROSEDALE ROAD
PORT ALLEN, LA 70767

PAYROLL DEDUCTION
DIRECT DEPOSIT AUTHORIZATION

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

MEMBER _____ MEMBER NO. _____

EMPLOYER _____ SSN/TIN _____

Phone: Home () _____ Work () _____ Payroll No. _____
_____ Initial Authorization _____ Change in Authorization

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.

Deposit Amount \$ _____

Payroll Period: Monthly

X _____
SIGNATURE

EFFECTIVE DATE

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share/Savings	\$ _____
Share Draft/Checking	\$ _____
Share/Christmas Savings	\$ _____
Loan # _____	\$ _____
Loan# _____	\$ _____
Other _____	\$ _____