



150 Willie Smokie Glover Drive, Macon, GA 31201

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**Payroll Deduction
Direct Deposit Authorization**

Member Name: First _____ Middle _____ Last _____

Employer: _____ SSN/TIN: _____

Cell or Home Phone _____ Work Phone _____ Payroll No. _____

Initial Authorization or Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amount 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. 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: \$ _____ or Full Check Amount

Payroll Period: Weekly Bi-Weekly Monthly Semi-Monthly

Credit Union Routing/Transit Number: 261172078

Deposit To: Savings Account No: _____

Payroll Deduction/Direct Deposit Start Date: ____/____/20__

| | |
|-----------|------|
| Signature | Date |
| x | |