



150 Willie Smokie Glover Drive, Macon, GA 31201

(478) 219-1163 or (478) 219-1162 • Fax: (478) 751-7044 • memberservice@maconbibbecu.org

**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 No: 261172078

Deposit To:  Savings Account No: \_\_\_\_\_

Payroll Deduction/Direct Deposit Start Date: \_\_\_\_/\_\_\_\_/20\_\_

Signature	Date
x	