

Payroll Deduction Direct Deposit Authorization

Full Name: _____

Account #: _____

SS#/TIN#: _____

Phone#: _____

Employer: _____

Employer Address: _____

Employer Phone#: _____

Authorization: Initial Change

I hereby authorize my employer referenced above to deduct from my wage earnings the amount shown below and deposit the funds into my designated account(s) at the Ukrainian FCU for each payroll period following receipt of this Authorization Form until further notice from me. I understand that this authorization is revocable. If this is a change from a previous authorization, I am instructing 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 Ukrainian FCU are directed to make and apply deductions in accordance with this written authorization. I grant the Ukrainian FCU the power of attorney to increase or decrease the amount of 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 changes made under this power of attorney.

Ukrainian FCU

ABA Routing and Transit Number (ABA R/T Number): **222382221**

Deposit Amount: _____

Deposit Account#: _____ Savings Checking

Payroll Period: _____ Weekly _____ Biweekly _____ Monthly _____ Semi-monthly

_____ Other (please indicate _____)

Signature: _____

Effective Date: _____