

UPPER DARBY BELTELCO  
FEDERAL CREDIT UNION  
1410 Bywood Avenue  
Upper Darby, PA 19082  
(610) 734-1883 • www.ucbell.org

**PAYROLL DEDUCTION  
DIRECT DEPOSIT  
AUTHORIZATION**

**EMPLOYER PAYROLL DEDUCTION AUTHORIZATION**

Member: \_\_\_\_\_ Member No: \_\_\_\_\_  
Employer: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Payroll No: \_\_\_\_\_

Initial Authorization       Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth in 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. 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. 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:     Net Check     \$ \_\_\_\_\_      Payroll Period:     Weekly     Monthly  
Credit Union R/T No: \_\_\_\_\_       Biweekly     Semi-Monthly  
Deposit To:         Savings     Checking    Account No: \_\_\_\_\_

**X**

Signature

EMPLOYER COPY

Effective Date

THIS FORM IS MANDATORY FOR DIRECT DEPOSIT

UPPER DARBY BELTELCO FEDERAL CREDIT UNION

"I agree that neither United Parcel Service, nor any officer or agent thereof, shall be held responsible for any loss, from any cause, of any amounts remitted by United Parcel Service to such credit union."

DATE

SIGNATURE  
CREDIT UNION MEMBER