



FRATERNAL ORDER OF POLICE CREDIT UNION

P.O. Box 691090, Tulsa, OK 74169-1090
918/836-9922 FAX: 918/834-5967
Toll Free: 888/367-1122

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Member: _____ Member #: _____

Employer: _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Payroll #: _____

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. 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 decrease or increase 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
 Biweekly Semi-monthly

Credit Union R/T #: 303985974

Deposit to: Savings Checking

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 Draft/Checking.....# _____ \$ _____ or _____%

Share Savings.....# _____ \$ _____ or _____%

Money Market.....# _____ \$ _____ or _____%

Loan.....# _____ \$ _____ or _____%

Loan.....# _____ \$ _____ or _____%

IRA.....# _____ \$ _____ or _____%

Other.....ACCT 8263.....# 8263 \$ _____ or _____%

Other.....# _____ \$ _____ or _____%

.....TOTAL \$ _____ or _____%

.....MEMBER INITIALS _____