



# Payroll Direct Deposit Authorization Form

West Branch Valley FCU Routing number 231380133

**Payroll Administrator:** If the employee has requested to distribute funds into more than just the savings or checking account, please simply deposit the total amount of funds into the savings or checking account and we will distribute the funds to the appropriate accounts here at the credit union.

Company Name: \_\_\_\_\_  
 Member Name: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ (mobile) \_\_\_\_\_

To send the credit union a copy of your direct deposit form: drop the form at our branch location, or mail to 1640 High St, Williamsport, PA 17701.

Paid:     Weekly     Bi-Weekly     Monthly     Semi-Monthly

Deposit To    Savings Account \_\_\_\_\_ or  Checking Account \_\_\_\_\_

Deposit specific amount per pay period: \$ \_\_\_\_\_ or  Net Pay

If you would like to distribute your paycheck into multiple accounts, please fill out the following box:

If you are filling out this section, please be sure to send a copy of this form to the credit union. See above for address.

<input type="checkbox"/> Share Savings: \$ _____	<input type="checkbox"/> Other Savings(Please specify) _____ : \$ _____
<input type="checkbox"/> Share Draft/Checking: \$ _____	<input type="checkbox"/> Other Savings(Please specify) _____ : \$ _____
<input type="checkbox"/> Money Market:\$ _____	<input type="checkbox"/> Auto Loan(Please Specify) _____ : \$ _____
<input type="checkbox"/> Vacation Club:\$ _____	<input type="checkbox"/> Personal Loan(Please Specify) _____ : \$ _____
<input type="checkbox"/> IRA: \$ _____	<input type="checkbox"/> Mortgage(Please specify) _____ : \$ _____
<input type="checkbox"/> Christmas Club\$ _____	<input type="checkbox"/> Other Loan(Please specify) _____ : \$ _____
<input type="checkbox"/> Other(Please specify) _____ : \$ _____	

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above or otherwise authenticating, I 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. 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.