

**PAYROLL DEDUCTION/DIRECT DEPOSIT
AUTHORIZATION/CHANGE**

Employee Name		Account #
Payroll #	Social Security #	
Eaton Family Credit Union Routing # 241075470		
EMPLOYER:		
I hereby authorize you to deduct the following amount from my pay:		
\$ _____ each pay from \$ _____ To \$ _____		
until further notice from me and transmit same currently to Eaton Family Credit Union		
Start	Change	Effective Date _____
Member Signature	Date Signed	
X		



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www.EatonFamilyCU.com

Original - CU Copy - Member