

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

CU6725 9-04

EMPLOYEE'S NAME (PLEASE PRINT)

SOCIAL SECURITY NO.

COMPANY: _____

PAYROLL FREQUENCY: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

CHECK ONE: START STOP CHANGE

I AUTHORIZE MY COMPANY TO INITIATE DIRECT DEPOSIT OF NET/CHECK TO THE FOLLOWING ACCOUNTS:

ACCOUNT NO. _____ SHARE DRAFT (CHECKING) SAVINGS

PLEASE DEDUCT FROM MY EARNINGS EACH PAY PERIOD THE AMOUNT OF:
(TO DEPOSIT ENTIRE CHECK, PLEASE WRITE "ENTIRE CHECK" IN THE BOX.)

\$ _____

FOR TRANSMITTAL TO:

Dutch Point Credit Union, Inc.
195 Silas Deane Highway
Wethersfield, CT 06109
Routing and transit number: 211180023

EMPLOYEE'S SIGNATURE

DATE

Please note direct deposits may have a prenotification period before funds are deposited to your account(s). Contact your Payroll Dept. for information on this and instructions on deleting current deposits to other financial institutions.

DUTCH POINT CREDIT UNION – PAYROLL EFT/ACH DEPOSIT

MEMBER NAME (PLEASE PRINT)

MEMBERSHIP NO.

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE NO.

WORK PHONE NO.

START STOP CHANGE

DEPOSITING COMPANY

DEPOSIT FREQUENCY

WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

SUFFIX	ACCOUNT/SHARE TYPE	AMOUNT
1	PRIMARY SHARES	
2	IRA SHARES	
4	CHECKING/1 ST PRIORITY/EFT	
5	MAXI MONEY MARKET	
6	LOAN PAYMENT(S)	
7		
8		
9	HOLIDAY CLUB	
	TOTAL	

SUFFIX	MEMBER NO.(S)	AMOUNT

I have this day authorized Dutch Point Credit Union, Inc. to allocate from my payroll deposit to the accounts specified above.

MEMBER'S SIGNATURE _____

DATE _____

Credit Union Use

Branch _____ Teller Number _____

Processed by _____ Date _____