

# Employer Payroll Deduction Authorization



Please **complete, print, and sign this form and give it to your employer**, or ask your employer for a direct deposit form.

www.cescu.com

Delaware-Mount Vernon-Loudonville-Utica, Ohio

Member/Employee Name: <input type="text"/>	SSN/TIN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer: <input type="text"/>	Employee Number: <input type="text"/>
Phone (Home or Cell): ( <input type="text"/> ) - <input type="text"/> - <input type="text"/>	Phone (Work): ( <input type="text"/> ) - <input type="text"/> - <input type="text"/>

CES Credit Union Routing Transit Number : **244180537**

**8 Digit Account Number of Member**

This is the number (after the 244180537) that is MICR encoded on the bottom of your Credit Union checks. If you do not have a checking account, contact the Credit Union at (740) 397-1136 or (888) 397-1136 or, for Delaware County market, (888) 363-8118 for the correct number.

**To assist, please attach to this form a voided check from this account, if possible.**

**Please mark one choice in each area below.**

<b>This is:</b> <input type="checkbox"/> Initial Authorization <input type="checkbox"/> Change in Authorization	<b>Deposit Amount:</b> <input type="checkbox"/> Net Check <input type="checkbox"/> Fixed Amount (if available) \$ <input type="text"/>
<b>Target Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Payroll Period:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly

I hereby authorize my employer to remit to the CES Credit Union for crediting to my account an amount from each of my regular paychecks determined by the option selected on this authorization. This authorization CANCELS and SUPERSEDES any prior authorization, and is to remain in effect until canceled or superseded by me in writing. In the event my employer remits funds to the Credit Union in error, I authorize the Credit Union to withdraw said funds from my account(s) and return said funds to my employer. I affirm I am the owner of the account listed.

Note: Your Direct Deposit or ACH credit may not appear on the same date each month. Due to changes in processing at the Federal Reserve, such credits from the same originator may appear at the end of the month or at the beginning of the next month.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_