

# 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](http://www.cescu.com)

Mount Vernon | Delaware | Loudonville | Utica

Member/Employee Name:

SSN/TIN:

   -       

Employer:

Employee Number:

Phone (Home or Cell):

(  ) -  -

Phone (Work):

(  ) -  -

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

Enter the 13 digit account number of the member here:

            

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.

**This is:**

- Initial Authorization  
 Change in Authorization

**Deposit Amount:**

- Net Check  
 Fixed Amount (if available) \$

**Target Account:**

- Checking  
 Savings

**Payroll Period:**

- Weekly  Semimonthly  
 Monthly  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 This authorization CANCELS and SUPERSEDES any prior authorization, and is to remain in effect until canceled or superseded by me in writing.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: \_\_\_\_\_