



Community. Family. Smiles.  
620 N. Maguire, Warrensburg, MO 64093  
Phone: 1-660-747-3311 FAX: 1-660-747-2800

# Payroll Authorization

MEMBER # \_\_\_\_\_  
EMP. INITIALS # \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_  
 Employer \_\_\_\_\_

<b>DIRECT DEPOSIT INFO</b>	<b>DEPOSIT IN</b>	<b>Deposit Amount</b>
Routing Number _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Net Check <input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> Initial Authorization <input type="checkbox"/> Change in Authorization	
Member Account Number		

## SIGNATURES

By signing below, You hereby authorize the payroll office to deduct from Your salary the amount(s) specified in this Payroll Authorization ("Authorization") and to remit such amount(s) directly to Central Missouri Community Credit Union on Your behalf. You further understand and agree to the following: (a) this Authorization may involve electronic fund transfers and, to that extent, You acknowledge receiving a copy of Central Missouri Community Credit Union's Electronic Fund Transfer Agreement and You agree to and accept the terms found therein; (b) You acknowledge receiving a Fee Schedule and Central Missouri Community Credit Union's Membership Agreements and Disclosures provided at the time You opened Your Account(s) and You agree to and accept the terms and conditions found therein; (c) if this Authorization involves a jointly owned Account, You certify that You are representing all owners of the Account(s) and that You are authorized to do so; and (d) to the extent permitted by law, this Authorization will continue (even in the unlikely event of Your bankruptcy or insolvency) as a voluntary payment unless terminated in writing to the Credit Union at least 40 days prior to the last payday of the month during which You would like this Authorization canceled. **THIS AUTHORIZATION COMPLETELY TERMINATES ANY PREVIOUS DEDUCTIONS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CREDIT UNION USE ONLY

Notes \_\_\_\_\_

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Phone Request