



PAYROLL AUTHORIZATION

Member Number

Name (As stated on payroll) First MI Last Social Security Number:

START CHANGE CANCEL

Name of Employer

Payroll Frequency Payroll Group Number

ABA# 263183175

I hereby request my employer (as indicated above) to forward from my net pay, salary or wages due me, in the amount indicated below, to my account(s) with Tyndall Federal Credit Union:

Entire Net Pay Check Deduct Only \$

I understand that if a specific amount to be deducted from my pay is indicated above, or if I have indicated for my entire net paycheck to be deposited in the Credit Union, it will be deposited to the account number indicated above, unless I have requested the Credit Union to automatically distribute my paycheck to other Credit Union accounts.

Member's Signature TFCU Employee/Prepared By Date Employer - Original (1) Member

TFCU 6105 Rev. 01/2007

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