



8210 W. Market Street
Greensboro, NC 27409

Payroll Deduction / Total Paycheck Deposit AUTHORIZATION

Notice to Company Payroll Dept.

Use this form as authorization to start direct deposit or payroll deductions for your employee to his account at Summit Credit Union. If you have questions, please call us at 800-632-0210.

Member Name _____ SSN _____ - _____ - _____

Member Address _____

Please write in the name and address for your company payroll below:

Summit Credit Union's Routing & Transit
No: **253176118**
Direct funds to either:
_____ Savings (7 digits)
_____ Checking (10 digits)

To My Employer — Please begin Total Paycheck Deposit or Payroll Deductions As Indicated Below

Select one → Pay Frequency: Weekly Every Two Weeks Twice A Month Monthly

Select one → Start Change Stop

Select one → Total Paycheck Deposit OR Fixed Amount of \$ _____ each payday

Effective Date _____

I hereby request and authorize my employer's payroll department to withhold the amount listed above from my wages and transmit said amount to Summit Credit Union each payday. This authorization supersedes other prior such requests and such deduction / net pay deposits are to be continued every pay period until changed or stopped by me. I understand that my employer and Summit Credit Union are independent and unrelated entities; that employer makes no representations or warranties regarding the services of Summit Credit Union; and that employer has no responsibility or liability for the acts or failure to act of Summit Credit Union.

Member Signature _____ Date _____

Notice to Employer Payroll Department — This is our verification to you that the employee's account number, as stated above, along with our routing and transit number, is correct. We provide this notification in lieu of preprinted deposit slips or checks. Please call us if you have any questions.

Credit Union Signature _____ Date _____ Phone No. _____

Deduction Allocation — To Summit Credit Union Account Number _____

Total Paycheck Deposit OR Fixed Amount of \$ _____ Each Payday

Member Name _____ SSN _____ - _____ - _____

Phone Number Where We Can Reach You (_____) _____ - _____

Best time to call _____

Employer: _____
Payroll Contact: HR/Payroll
Payroll Phone: _____

Each pay period, split my deductions listed above into my credit union accounts in the amounts indicated below. In the event that any of my loan payments change, you are authorized to change the distribution of my funds to accommodate the new loan payment amount and to notify my payroll department to increase my deduction amount, if necessary.

\$ _____ Regular Savings \$ _____ Checking \$ _____ Loan _____

\$ _____ Christmas Club \$ _____ Loan _____ \$ _____ Loan _____

\$ _____ Money Market \$ _____ Other Savings Suffix No. _____

Notes _____

Member Signature _____ Date _____