



**Payroll Deduction
Authorization Form**

Account #: _____
Member/Owner: _____
Home Phone: () _____ Work/Other () _____
Employer: _____

EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Initial Authorization **Change in Authorization**

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at Lancaster Red Rose Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and Lancaster Red Rose Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant Lancaster Red Rose Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$_____ Weekly Biweekly Monthly Semi-Monthly

Lancaster Red Rose Credit Union R/T No: **2313 8181 5**

Deposit To: Savings Checking Account #: _____

Signature: _____ **Effective Date:** _____