

Account Number: _____
 Doc Type: PR



Payroll Deduction Authorization

To Paymaster _____ Payroll # _____

DOCO Regional Federal Credit Union
 From P.O. Box 71389 • Albany, GA 31708-1389

Credit Union Phone # (229) 435-1715
 Credit Union Routing # 261272266

Employee Name _____

Savings Acct. #: _____
 Checking Acct. #: _____
 (12 character number beginning with 722...)

Home Phone # _____

Social Security # _____

Work Phone # _____

E-Mail _____

Start Change Stop

Effective Date: _____

Deposit Amount:

Net Check
 Partial Deduction in the amount of _____

Payroll Period:

Weekly Semi-Monthly
 Bi-Weekly Monthly

I hereby authorize DOCO Regional Federal Credit Union to distribute funds from my payroll as follows. I understand that it is my responsibility to maintain a balance in my account to enable the distribution/transfer to be made on the specified date. The distribution will continue until I notify the credit union in writing to cancel or update the distribution or until the credit union notifies me that the distribution will be discontinued. The credit union must receive the written request for cancellation seven (7) business days prior to the distribution. If I have a loan with the Credit Union, I agree to be bound by the terms of the Loanliner agreement. I understand that I will be in default if for any reason my distribution does not make a payment of the required amount when the loan payment is due.

 Member Signature

 Date

 Credit Union Representative Signature

CREDIT UNION ACCOUNT DISTRIBUTION INFORMATION

Primary Account Holder

ACCOUNT TYPE	SUFFIX	AMOUNT	LOAN TYPE	SUFFIX	AMOUNT
Regular Share/Savings	0	_____	Loan	_____	_____
Sub-Savings	1	_____	Loan	_____	_____
IRA Shares	3	_____	Loan	_____	_____
Christmas Club	5	_____	Loan	_____	_____
Vacation Club	6	_____			
Money Market	7	_____			
Share Draft/Checking	9	_____			

Related Account Holder

ACCOUNT TYPE	ACCOUNT #	SUFFIX	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTERNAL USE ONLY: _____ Date sent to Employer Payroll Office by _____