EMPLOYER PAYROLL DIRECT DEPOSIT AUTHORIZATION

***HealthNet Federal Credit Union reserves the right to enforce this authorization at their discretion.**

Member Name: _____ Member Number: _____

Employer: _____ SSN / TIN: _____

Phone: Home ( ) _____ Work ( ) _____ Payroll #: _____

☐ **Initial Authorization** ☐ **Change in Authorization**

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at HealthNet Federal Credit Union for each payroll period following receipt of this Authorization until further notice by me **and** HealthNet Federal Credit Union. I understand that this Authorization is revocable. If this is a change in a 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 HealthNet Federal Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant HealthNet Federal Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written and verbal request. This power of attorney applies to any monetary obligations to HealthNet Federal Credit Union, including but not limited to loans, savings, checking/share draft accounts or any credit extensions in which the payment may vary. Furthermore, the balance of indebtedness on any account at said Credit Union, if any, upon default in payment or termination of my employment for any reason, shall become due and payable forthwith and I hereby authorize my Employer, upon notification by the Credit Union, to pay over to the HealthNet Federal Credit Union, all money due me to the extent of the unpaid balance of the indebtedness. I authorize my Employer to honor any payment change made under this power of attorney. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Deposit Amount:

☐ Net Check

☐ $ _____

Payroll Frequency:

☐ Weekly ☐ Semi-Monthly

☐ Bi-Weekly ☐ Monthly

_____ _____

Member/ Employee Signature Date Authorized Employer Signature Date

By signing below, I authorize HealthNet Federal Credit Union to apply my payroll deposit for each pay period as follows:

Account Name	**Account Number**	**Amount**
Share / Savings	_____	$ _____
Share Draft / Checking	_____	$ _____
Christmas Club	_____	$ _____
Vacation Club	_____	$ _____
Money Market: min. $500	_____	$ _____
Loan: _____	_____	$ _____
Loan: _____	_____	$ _____
Loan: _____	_____	$ _____
Other: _____	_____	$ _____
	TOTAL	$ _____

_____

Print Name

_____ _____

Signature Date