2533 DENNY AVE
PASCAGOULA, MS 39567
228.762.0659
www.gulftrustcu.org

PAYROLL DEDUCTION
DIRECT DEPOSIT
AUTHORIZATION

Name:	Member #xxxxxxxxxxx
Employer:	SSN#xxx-xx-
Contact #	

[ ] New authorization [ ] Change my authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the 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 a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the 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 of payroll [ ] $_____ Payroll Period [ ] weekly
[ ] bi-weekly
Gulf Trust Federal Credit Union Routing **# 265377976** [ ] semi-monthly
[ ] monthly

Deposit to: [ ] savings [ ] checking [ ] other:_____

Start Date: _____

Signature	Date
X	

CREDIT UNION AUTHORIZATION

By signing above or otherwise authenticating, I authorize Gulf Trust Federal Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	#_____	$_____
Share/Savings	#_____	$_____
Transfer to	#_____	$_____
Loan	#_____	$_____
Loan	#_____	$_____
Other	#_____	$_____
TOTAL		$_____