community link federal credit union Employer Payroll Deduction Authorization

325 Etna Avenue Huntington, IN 46750 (260) 356-6220

	MEMBER NO
NameSSN/TIN	
Employer Name	
Total Deposit: NET PAY S Pay Distribution: I authorize CLFCU to apply my payroll ded	Payroll Period: WEEKLY BI-WEEKLY MONTHLY SEMI-MONTHLY
Account Type Account	Number Amount
Savings	□NET PAY
Share Draft/Checking	□NET PAY
Sub Savings	□ NET PAY
Loan Payment	□NET PAY
Loan Payment	□NET PAY
Loan Payment	□NET PAY
Other	□ NET PAY
Other	ONET PAY
Other	
my employer to direct CLFCU to return said funds. This authority is until the company or CLFCU has sent me ten days written notice of wage attachment orders. I grant CLFCU a power of attorney to increase	unt as indicated above. If funds to which I am not entitled are deposited in my account, I authorize to remain in effect until the company has received timely written notice from me of termination or termination of this arrangement. The company may also suspend this arrangement to fulfill lawful see or decrease the amount my deduction upon my written or verbal request. This power of attorney by vary. I authorize my employer to honor any payment change made under this power of attorney, this form.
Signature	Date



(260) 356-6220 www.communitylinkfcu.com

