

Name	
Social Security #	
Account #	
☐ ACH Distribution	☐ Salary Withholding

## **Salary Withholding Authorization**

This is my Authorization to start or change my payroll deduction and deposit funds into my Pinellas Federal Credit Union ("PFCU") account/s each pay period, in the amount/s and as of the Start Date indicated, until further notice from me. I understand I may revoke or change my Authorization at any time. If this is a change in a previous Authorization, this is my instruction to cancel my previous Authorization and follow this amended Authorization. I authorize PFCU to increase or decrease the amount/s of my deduction/s upon my written or verbal request, as applicable to my PFCU loan/s and/or extension/s of credit for which the payment/s may vary.

Employer				
Company ID		_ Start Date		
☐ Initial Authorization N	ew Amount \$	Payroll Frequency (Check one)	☐ Weekly	
☐ Change Authorization Past Amount \$			Biweekly	
New Amount \$			Monthly	
			☐ Semi-monthly	
Account Description	Account # (If different from above)	Account Type (S00, S10, L01, L02, etc.)	Amount	
Share Draft/Checking			\$	
Share/Savings			\$	
EZ Saver Share/Savings			\$	
Club Share/Savings			\$	
Loan			\$	
Loan			\$	
Loan			\$	
Other			\$	
		Subtotal		
		Savings		
		Checking		
		TOTAL		
By signing below or otherwise authenticating, I hereby authorize Pinellas Federal Credit Union ("PFCU") to apply my payroll deduction/s to my PCFU account/s each pay period as indicated.				
Signature		Date		
Processed by: (Initials / Op #) Date				

Member: Retain copy as needed Member Accounts: Forward to Accounting PFCU Employee Accounts: Forward to Human Resources