Automated Distribution Authorization

Hoosier United CREDIT UNION

1828 N Meridian Street, Suite 102
Indianapolis, IN 46202
225 S East Street, Suite 270
Indianapolis, IN 46202
Phone 317-923-4747 ● Fax 317-923-4830

PLEASE PRINT

Name_____ Social Security Number_____ Birthdate_____

Address_____ City_____ State_____ Zip_____

Cell Telephone (_____)_____ Work Telephone (_____)_____

Employer_____

PAYROLL

☐ **Deposit Amount**　　☐ **Net Deduction**　　☐ $_____　　**Description** ☐ Start　☐ Change　☐ Cancel

Start Date _____

How often are you paid? ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly　　**Distribute To:** Account #_____

Account #	Type	Amount or %
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____

Total Amount of Distributions $_____

ACH DIRECT DEPOSIT

DIRECT DEPOSIT INFO: RTN　274073863　　　　**DEPOSIT IN:** ☐ Checking　　☐ Savings

_____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Member Account Number

SIGNATURES

By signing below, You hereby authorize the payroll office to deduct from Your salary the amount(s) specified in this Automated Distribution Authorization ("Authorization") and to remit such amount(s) directly to Hoosier United Credit Union on Your behalf. You further understand and agree to the following: (a) this Authorization may involve electronic fund transfers and, to that extent, You acknowledge receiving a copy of Our Electronic Fund Transfer Agreement and You agree to and accept the terms found therein; (b) You acknowledge receiving a Fee Schedule and the Hoosier United Credit Union Membership and Account Agreement provided at the time You opened Your Account(s) and You agree to and accept the terms and conditions found therein; (c) if this Authorization involves a jointly owned Account, You certify that You are representing all owners of the Account(s) and that You are authorized to do so; and (d) to the extent permitted by law, this Authorization will continue (even in the unlikely event of Your bankruptcy or insolvency) as a voluntary payment unless terminated in writing to the Credit Union at least 40 days prior to the last payday of the month during which You would like this Authorization canceled. **THIS AUTHORIZATION COMPLETELY TERMINATES ANY PREVIOUS DEDUCTIONS.**

_____
Signature　　Date

CREDIT UNION USE ONLY

Notes

_____　☐ Phone Request
_____
_____
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