

DIRECT DEPOSIT AUTHORIZATION

Member: _____ Member No: _____

Employer: _____ SSN/TIN: _____

Phone: Home () _____ Work () _____ Payroll No: _____

Initial Authorization

Change in Authorization

I hereby authorize AGC Flat Glass North America, Subsidiaries, Affiliates, and Organizations to deduct from my salary the amounts set forth below and to deposit these funds at AGC Credit Union for each payroll period following receipt of this Authorization until further notice by me and AGC 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 AGC Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant AGC 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 AGC Credit Union, including but not limited to loans, savings, checking/share draft accounts or any credit extensions in which the payment may vary. I authorize my Employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check

Payroll Period: Weekly

Monthly

\$ _____

Bi-Weekly

Semi-Monthly

X

Signature

Effective Date

Authorized Personnel Signature

By signing, I authorize AGC Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking: Account #: _____ \$ _____

Share Savings: Account #: _____ \$ _____

Christmas Club / Vacation Club: Account #: _____ \$ _____

Loan: Account #: _____ \$ _____

Loan: Account #: _____ \$ _____

Loan: Account #: _____ \$ _____

Other: _____ Account #: _____ \$ _____

Other: _____ Account #: _____ \$ _____

Other: _____ Account #: _____ \$ _____

TOTAL \$ _____

Print Name

Signature

Date