

## 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