

EMPLOYER PAYROLL DIRECT DEPOSIT AUTHORIZATION

*AFG Employees Credit Union reserves the right to enforce this authorization at their discretion.

Member Name: _____ Member Number: _____

Employer: _____ SSN / TIN: _____

Phone: Home () _____ Work () _____ Payroll #: _____

Initial Authorization

Change in Authorization

I hereby authorize AFG Industries, Inc., Subsidiaries, Affiliates, and Organizations to deduct from my salary the amounts set forth below and to deposit these funds at AFG Employees Credit Union for each payroll period following receipt of this Authorization until further notice by me **and** AFG Employees 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 AFG Employees Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant AFG Employees 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 AFG Employees Credit Union, including but not limited to loans, savings, checking/share draft accounts or any credit extensions in which the payment may vary. Furthermore, the balance of indebtedness on any account at said Credit Union, if any, upon default in payment or termination of my employment for any reason, shall become due and payable forthwith and I hereby authorize AFG Industries, Inc., Subsidiaries, Affiliates and Organizations, upon notification by the Credit Union, to pay over to the AFG Employees Credit Union, all money due me to the extent of the unpaid balance of the indebtedness. I authorize my Employer to honor any payment change made under this power of attorney.

Deposit Amount:

Net Check
 \$ _____

Payroll Frequency:

Weekly Semi-Monthly
 Bi-Weekly Monthly

 Authorized Employer Signature Date Member / Employee Signature Date

By signing below, I authorize AFG Employees Credit Union to apply my payroll deposit for each pay period as follows:

Account Name	Account Number	Amount
Share / Savings	_____	\$ _____
Share Draft / Checking	_____	\$ _____
Christmas Club / Vacation Club	_____	\$ _____
Loan:	_____	\$ _____
Loan:	_____	\$ _____
Loan:	_____	\$ _____
Other: _____	_____	\$ _____
Other: _____	_____	\$ _____
Other: _____	_____	\$ _____
TOTAL		\$ _____

 Print Name

 Signature

 Date