

Payroll Deduction Authorization

BFG Federal Credit Union 445 South Main Street Akron, Ohio 44311 330-374-2990 800-306-4400

Member	Member Acct. No.
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Employer	Social Sec. No.
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Phone: Home () -	Work () -	Payroll No.
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Initial Authorization
 Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth below and to deposit the funds at the credit union for each payroll period following receipt of the Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow the Authorization. If I fail to cancel this Authorization upon filing bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this Authorization.

Deposit Amount	<input type="checkbox"/> Net Check	Payroll Period	<input type="checkbox"/> Weekly
	<input type="checkbox"/> \$ _____		<input type="checkbox"/> Biweekly
			<input type="checkbox"/> Monthly
			<input type="checkbox"/> Semi-Monthly

BFGFCU Routing & Transit Number: 241273078

Signature: _____ Effective Date: _____

By signing above, I authorize the credit union to apply my payroll deduction for each pay period as follows:

Easy Checking	\$	_____
Share/Savings	\$	_____
Money Market	\$	_____
Loan #	\$	_____
Loan #	\$	_____
IRA	\$	_____
Other	\$	_____
Other	\$	_____
TOTAL \$		<input style="width: 100px;" type="text"/>