



I.B.E.W. Local 66
FEDERAL CREDIT UNION

DIRECT DEPOSIT AUTHORIZATION

PLEASE SELECT AUTHORIZATION TYPE: ☐ INITIAL ☐ CHANGE ☐ CANCEL/REVOKE

EMPLOYER INFORMATION			
EMPLOYER NAME:			EMPLOYER TELEPHONE:
EMPLOYEE/MEMBER INFORMATION			
MEMBER NAME (LAST):	(FIRST):	(M.I.):	SOCIAL SECURITY NUMBER:
CURRENT ADDRESS:			APT NO.:
CITY:		STATE:	ZIP CODE:
OTHER CONTACT INFORMATION			
EMAIL ADDRESS:	TELEPHONE (HOME):	TELEPHONE (OTHER):	
PAYROLL DEDUCTION SPECIFICS			
ACCOUNT TYPE:	DEPOSIT AMOUNT:	PAYROLL PERIOD:	
ACCOUNT NUMBER:	<input type="checkbox"/> NET CHECK <input type="checkbox"/> \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____	
OUR ROUTING/TRANSIT NUMBER:		313083837	

I hereby authorize my employer, as indicated above, to deduct from my salary the amounts as set forth in this authorization. My employer is further instructed to deposit these funds at I.B.E.W. LU 66 Federal Credit Union for each payroll period following the receipt of this authorization. This deduction is to remain in effect until such time as it is changed or revoked by my authorization. If this is a change of a previous authorization, I instruct my employer to amend my previous authorization and to follow this authorization.

X _____ Date: _____