SB1 Federal Credit Union

PAYROLL DEDUCTION - DIRECT DEPOSIT AUTHORIZATION

FORM ABF002 (REV. 1/98)-5M

CU ✓ _____

NAME _____ SOCIAL SEC. NO. ___-___-____
(please print)

DAYTIME PHONE # ( ) _____ MEMBER NO. _____

EMPLOYER NAME: _____ WORK LOCATION: _____

I authorize my employer and the financial institution named below to deposit my net pay and/or designated amount each payday to my account listed below and to initiate debit entries and adjustments for any credit entries in error if necessary. In the event I file bankruptcy, I authorize my deductions to continue unless I request otherwise in writing. Please deduct the TOTAL AMOUNT shown below from each pay period and distribute to my accounts and/or loans as shown below. Write "Net Pay" on any line if desired.

TOTAL TO BE DEDUCTED AND ALLOCATED AS FOLLOWS:

SHARES	(1) $	LOAN (142) $	FAMILY MEMBERS ACCOUNT:
SHARE DRAFTS (Checking)	(2) $	LOAN (143) $	( ) $
CHRISTMAS CLUB	(8) $	LOAN (152) $	( ) $
VACATION CLUB	(9) $	LOAN ( ) $	( ) $
IRA ACCOUNT	( ) $	LOAN ( ) $	( ) $
OTHER SAVINGS	( ) $	LOAN ( ) $	TOTAL TO BE DEDUCTED
OTHER SAVINGS	( ) $	LOAN ( ) $	FROM PAY: $

Depository Name: **SB1 FEDERAL CREDIT UNION** Transit / ABA No.: **2360-8766-4**
Phone: **(215) 569-3700** City: **PHILADELPHIA** State: **PA**

FOR CREDIT UNION OFFICE ONLY:

❑ Savings ❑ Checking MEMBER NO. _____00 ☑ Net Pay $ **NET PAY**

❑ Savings ❑ CO1 ❑ ACH MEMBER NO. _____00 ❑ Specify $ _____

❑ STOP CO1 $ _____ ❑ STOP ACH $ _____

❑ CANCEL - I wish to cancel my Electronic Funds Deposit. If no other arrangements for Electronic Funds Deposit have been made, my check will be mailed to my current home address.

❑ NEW
❑ CHANGE
❑ CANCEL

NOTES:

SIGNATURE _____ DATE _____

RETURN TO: SB1 Federal Credit Union (FP0200) P.O. Box 7480, Phila., PA 19101-7480
FOR CREDIT UNION ASSISTANCE CALL: (215) 569-3700

FAXBACK
(800) 705-9069
or locally (215) 751-9872

CALLBACK
(800) 806-9465
or locally (215) 569-3700

MAILBACK
P.O. Box 7480
Phila., PA 19101-7480