

Direct Deposit Payment Deduction Authorization Form

Please complete this form and return it to your payroll processor or check issuer.

About You
Your Full Name:
Your Social Security Number:
Your UYFCU Account Number:
To Your Payment Processor
Please deposit (check one) 🔲 my net check.

a deduction in the amount of \$

To my UYFCU (check one)
Primary Checking Account

	inac)
Regular Share Account (Sav	/11142)

At Union Yes Federal Credit Union (routing & transit number: 3222 85024). I understand the Credit Union has permission to reverse any funds to which I am not entitled.

 Signature ______
 Date ______

 Payroll Processor or Check Issuer: ______