



Employee Direct Deposit or Payroll Deduction Authorization Form

Print Clearly and Complete Both Sections
An additional form may be required by your employer

Member/Employee Name _____ Employer's Name _____

Social Security Number _____ Employee's Daytime Phone Number _____

I authorize my payroll supervisor and First Community Credit Union to:

- start my direct deposit (total paycheck per pay period)
- start my payroll deduction in the amount of \$ _____ per pay period
- change my payroll deductions to \$ _____ per pay period
- change my FCCU allocation only
- stop direct deposit
- stop payroll deduction amount of \$ _____

I authorize my employer to automatically deposit any funds owed to me to my account(s) named below. I understand that this agreement may be terminated by me at any time in writing. I authorize my employer to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account.

Signature of Member/Employee _____

Pay Day Effective _____ Date Signed _____

Must be on your next pay date, 30 days from the date signed.

Deposit Funds to Account Number

- 2 - Checking (Please attach a voided check.)
- 1 - Savings (Please attach a voided deposit slip.)

Employer Information for ACH Direct Deposit:
First Community Credit Union
Houston, Texas
Bank Transit/ABA Number 313084674

Contact Information: 281.856.5300
First Community Credit Union
PO Box 840129
Houston, TX 77284-0129

Allocation Request to First Community Credit Union:

Member # _____ FCCU Use Only
PGN _____

I have elected to have (check only one): Direct Deposit Payroll Deduction

Please allocate my funds as indicated below. I understand that any changes and existing deductions from the original request must be stated again. I understand it is my responsibility to notify my company payroll department of any changes or to stop this election. In case of bankruptcy, the credit union must be notified in writing before loan payments can be discontinued. If I fail to so terminate, I request the payments continue to be made voluntarily to the loan(s) in accordance with my pre-bankruptcy instruction.

Loan #	Amount \$	Account #	Amount \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Account types: 1 = Savings, 2 = Checking, 4 = Christmas Club, 5 = Special Club Savings, 6 = IRA Savings, 7 = Secondary Savings, 8 = Roth/Education Savings, 30 = Money Management, 10-29 = CD Builder Accounts. Accounts must be opened before payroll can be deposited. Please allow up to two pay periods for start, stop or change to become effective.

FCCU Use Only:

Date Accepted: _____ Completed by Teller # _____ File Maintenance Added: _____
 Important: Attach a current copy of the Allocation screen for verification of current allocations. Teller# _____ Date _____