



(888) 354-6228
www.orangecountyscu.org

ACH/Payroll Deposit Authorization

Originate a deposit from Member's employer

| Member Information | | | | | |
|---|--|---|---------------------------|------------------|----------------|
| Member Name | | Member Number | Social Security Number | | |
| This Authorization Is <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel | | Deposit Amount <input type="checkbox"/> Net <input type="checkbox"/> Partial | If Partial (Enter Amount) | Deposit Suffix # | Effective Date |
| Employer Name | | | | Expiration Date | |
| Deposit amount should equal total amount that is coming into Orange County's Credit Union from employer | | | | | |

| Payroll Allocation(s) This section should only be completed if the member wants allocations from the deposit amount stated above | | | | | |
|--|--------|--------|-----------|--------|--------|
| Account # | Suffix | Amount | Account # | Suffix | Amount |
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| Account # | Suffix | Amount | Account # | Suffix | Amount |

1. I hereby authorize the paymaster of the above said organization to deduct from salary due to me the amount indicated above, and to pay the same to the proper agent, such deduction to continue until I notify such official in writing. It is expressly understood that by signing below, I appoint Orange County's Credit Union my Attorney in Fact, to subsequently adjust, by increasing or decreasing my payroll deductions to meet duly prescribed rate changes. This authorization will remain in effect unless I withdraw my Membership and/or deduction authorization.
2. I hereby release my employer from any responsibility and/ or liability to me, my agents or heirs, on account of said deductions and/ or payments herein authorized, and I shall hold my employer an/ or its officers, agents and employee, acting in their official capacities, harmless and blameless therefore in any action which may be brought by me or by others in my behalf, and I waive all claims against my employer to any and all amounts so deducted from my salary and/ or wages.
3. I hereby release the above said organization from any responsibility and/ or liability to me on account of said deductions and/ or payments herein authorize and I shall hold the above said organization and/ or its officers blameless therefore in any action which may be brought by me or by others in my behalf, and I waive all claims against the above said organization to any and all amounts so deducted from my salary and/or wages.
4. The Orange County's Credit Union relieves the employer of this employee, its officers and employees of any liability that may result from making, cancelling, or changing requested deductions.
5. The Credit Union approval of this deduction card is to be signed by an officer of the Credit Union.
6. The term "deduction" in this agreement may also refer to the deposit of the employee's entire net paycheck. If no amount is indicated above, the entire net paycheck will be deposited.

Member Signature

Date

FOR CREDIT UNION USE ONLY

| | | |
|----------------|---------------|------|
| Associate Name | Teller Number | Date |
|----------------|---------------|------|

IMAGE DOCUMENT

| | | | |
|-------|------------|----------------------------|-------------|
| MBR # | Orig. Date | Doc Class EFT – Payroll | Dept EFT |
|-------|------------|----------------------------|-------------|