

GenFed Payroll Deduction



Use this form to speed up the process!

Print out and mail a signed copy of this to your local branch.

Name: _____ SSN: _____ Employer: _____

I hereby request GenFed Financial Credit Union to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

This authorization REPLACES all previous GenFed direct deposit authorizations and should begin with my pay of (m/d/y) ____/____/____ OR as soon as possible.

Account # _____ at GenFed Credit Union in Akron, Antwerp, Lorain, Bryan, Centralia, Fairlawn, Mt. Vernon, Sheffield Lake, Shelbyville or Wadsworth.

R&T/ABA 2412-7326-9

Deposit my entire (net) pay OR Deposit a set amount of \$ _____

My Deposit is to go to Checking OR Savings (check only one) and will be DISTRIBUTED to other accounts as noted below.

This authority is to remain in full force until my employer has received written notification from me of its termination or change in such time and manner as to afford my employer a reasonable opportunity to act on it.

I have authorized my pay department to deduct the amount shown above from my pay each payday for deposit into GenFed.

Account	Account Type	Amount
Savings	<input type="checkbox"/> S1, S2	\$ _____
IRA Accumulator	<input type="checkbox"/> S20, S22, S23	\$ _____
Checking	<input type="checkbox"/> S8, S10, S11, S9, S13, S17	\$ _____
Money Market	<input type="checkbox"/> S12, S14, S15	\$ _____
Christmas Club	<input type="checkbox"/> S31	\$ _____
Vacation Club	<input type="checkbox"/> S30	\$ _____
Loan # <input type="text"/>	<input type="checkbox"/>	\$ _____
Loan # <input type="text"/>	<input type="checkbox"/>	\$ _____
Other <input type="text"/>	<input type="checkbox"/>	\$ _____

Signature: _____ Date Signed: _____