

Credit Union of Colorado
1390 Logan St
Denver, CO 80203
(303) 832-4816

Ace

Operator # 94
Name Michelle L Garcia
Branch

Direct Deposit/Payroll Deduction Authorization

Member/
Employee Name _____ State Agency/
Company Name _____

Payroll # _____

Home Phone _____ Work Phone _____

Effective Date 03/31/2016

Routing Number 302075128 Payroll Period: Weekly

Please select **below** all that apply using the **TAB key** to move through the fields:

<input checked="" type="checkbox"/> Direct Deposit of NET Pay	(total pay)	<u>New</u>	<u>SHARE SAVINGS 1010002232330</u>
<input type="checkbox"/> Additional Direct Deposit	\$ <u>0.00</u>	_____	_____
<input type="checkbox"/> Additional Direct Deposit	\$ <u>0.00</u>	_____	_____

I hereby authorize my employer to direct deposit the funds set forth above to my Credit Union of Colorado account for each payroll period following receipt of this Authorization. This Authorization will remain in effect until further notice from me. If this is a change to a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. All distribution of these funds is handled by the Credit Union. If I fail to cancel this Authorization upon filing bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this Authorization.

X *[Signature]* _____ 3-4-16 _____
Authorized or Member Signature Date

1st page for Payroll Department
Last page for CU

**If Direct Deposit is being stopped or reduced, member signature is not required.*