



Payroll Deduction
Direct Deposit Authorization
(ACH Credits for members of CONE CU only)
Please print and complete. Fax or mail to or drop off at:
CONE Credit Union, 219 W. Cecil St., Neenah, WI 54956
FAX: 920-886-6456

I hereby authorize my Employer:

City of Neenah Neenah Joint School District Other _____

To initiate deposits of payroll automatically to the account specified below and to initiate, if necessary, adjustments for any credit entries made to this account in error and CONE Credit Union to credit and/or debit the same to such account.

DEPOSITORY: CONE Credit Union, 219 W. Cecil St., Neenah, WI 54956

CONE Credit Union Transit/ABA #: _____ Account #: _____

I authorize my Employer to deduct the following amount from my pay and to pay that amount to the above named Credit Union:

Each payroll period, or

Start \$ _____

Changed to \$ _____

Net check

Effective date: _____

I am paid: Weekly Bi-weekly Monthly Semi-monthly

Signature of Member: _____

Credit Union Direct Deposit Authorization

By signing above, I authorize CONE Credit Union to apply my payroll deduction for each pay period as follows:

Shares/Savings _____ Account #: _____

Shares/Savings _____ Account #: _____

Club: _____ Account #: _____

Share Draft: _____ Account #: _____

() Loan #: _____ Account #: _____
() Loan #: _____ Account #: _____
() Loan #: _____ Account #: _____
() Loan #: _____ Account #: _____

This authority is to remain in full force and effect until my Employer and CONE Credit Union have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Employer and CONE Credit Union a reasonable opportunity to act on it.

Name: _____

Name (if joint account): _____

Signed: _____ Date: _____

Signed: _____ Date: _____



FOR CREDIT UNION USE ONLY

Date of membership: _____ Opened/App'd by: _____

Member verification: _____ PIN request: _____

Credit report: _____ Check verify: _____ ATM Card: _____