



219 W Cecil St  
Neenah, WI 54956  
ph. 920.886.6455  
fx. 920.886.6456  
www.conecu.org

## Payroll Deduction Direct Deposit Authorization

*(ACH Credits for members of CONE CU only)*

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 #: 275 980 777 Account #: \_\_\_\_\_

I authorize my Employer to deduct the following amount from my pay and to pay that amount to the account listed above at CONE 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: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_ \$ \_\_\_\_\_
- Shares/Savings: \_\_\_\_\_ \$ \_\_\_\_\_
- Club: \_\_\_\_\_ \$ \_\_\_\_\_
- Share Draft: \_\_\_\_\_ \$ \_\_\_\_\_
- Loan #: \_\_\_\_\_ \$ \_\_\_\_\_
- Loan #: \_\_\_\_\_ \$ \_\_\_\_\_
- Loan #: \_\_\_\_\_ \$ \_\_\_\_\_
- Loan #: \_\_\_\_\_ \$ \_\_\_\_\_

The 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.

Primary Name: \_\_\_\_\_

Joint Name: \_\_\_\_\_

Primary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

