DIRECT DEPOSIT AUTHORIZATION
PAYROLL DEDUCTION

QUAD CITIES POSTAL credit union

4502 27th Street, Moline, IL 61265-6311 (309) 797-1414 www.qcpcu.com

DIRECT DEPOSIT AUTHORIZATION

Member: _____ Member No.: _____

Employer: _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____ Payroll No.: _____

☐ Initial Authorization ☐ Change in Authorization

By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this Authorization and to deposit these funds at the financial institution for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. I grant the financial institution a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: ☐ Net Check ☐ $ _____ Payroll Period: ☐ Weekly ☐ Monthly ☐ BiWeekly ☐ Semi-Monthly

Routing Number: **271188311**

Deposit To: ☐ Savings ☐ Checking Account Number: _____

X_____ _____

Signature Effective Date

By signing above or otherwise authenticating, I authorize Quad Cities Postal Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	$ _____	or _____%
Share/Savings	# _____	$ _____	or _____%
Money Market	# _____	$ _____	or _____%
Loan	# _____	$ _____	or _____%
Loan	# _____	$ _____	or _____%
Loan	# _____	$ _____	or _____%
IRA	# _____	$ _____	or _____%
Other:	# _____	$ _____	or _____%
Other:	# _____	$ _____	or _____%
	TOTAL	$ _____	