



8916 Sabal Industrial Blvd., Tampa, FL 33619-1326  
Phone (800) 237-5567 • Fax (813) 664-0525

## DIRECT DEPOSIT/PAYROLL DEDUCTION AUTHORIZATION

*Credit Union Copy*

Date \_\_\_\_\_ Account Number \_\_\_\_\_

I, \_\_\_\_\_ (print name), authorize  
Service 1st Credit Union to deposit my paycheck as follows:

Checking Account \$ \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

Christmas Club Account \$ \_\_\_\_\_

Vacation Club Account \$ \_\_\_\_\_

Money Market Account \$ \_\_\_\_\_

IRA Account \$ \_\_\_\_\_

\_\_\_\_\_ Loan # \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Loan # \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Loan # \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DEDUCTION \$ \_\_\_\_\_

By signing this form, you authorize Service 1st Credit Union to obtain a consumer credit report on you and check your employment for the purpose of offering beneficial products and services to you as a member. Use of these products and/or services shall constitute your agreement to the account terms and conditions in the agreement titled "Understanding Our Relationship".

\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_  
Employer Name



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## DIRECT DEPOSIT/PAYROLL DEDUCTION AUTHORIZATION

*Employer Copy*

Routing and Transit Number: **263183117**

Credit Union Account Number \_\_\_\_\_

Savings Account  Checking Account

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Social Security Number

I hereby authorize my employer, \_\_\_\_\_  
to deduct up to \$ \_\_\_\_\_ from my pay  
each payroll period, continuing until further notice from the  
Credit Union. The deductions previously indicated are to be  
remitted to:

**Service 1st Credit Union**  
**8916 Sabal Industrial Blvd., Tampa, FL 33619-1326**

In accordance with the following conditions and stipulations,

\_\_\_\_\_  
(Employer Name)  
is relieved of and from any and all liability of whatever kind or nature in honoring this authorization, including, but not limited to any liability for acting pursuant to the advice of the Credit Union. Company is authorized to initiate credit entries and correct debit entries, if necessary, to the Credit Union account noted above. In consideration of the Corporation honoring this authorization and acting upon the same, deductions stated terminate only by written notice from the Credit Union. Written termination shall be received in such time as to afford the company and the Credit Union a reasonable opportunity to act on it.

\_\_\_\_\_  
Member's Signature Date

\_\_\_\_\_  
Employer Name