



Diebold Federal Credit Union

Turning your financial dreams into reality

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PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION

PLEASE MAIL ORIGINALS WITH A
COPY OF YOUR DRIVERS LICENSE

MEMBER ACCOUNT NUMBER: _____ MEMBER / OWNER: _____

Diebold Federal Credit Union Routing # (ABA): 241274501

Initial Authorization

Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at Diebold Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and Diebold Federal Credit Union are directed to make and apply deductions in accordance with this Authorization.

Account No _____ Deposit Amount: Net Check Payroll Period: Weekly
 \$ _____ Biweekly
 Monthly
 Semi-Monthly

Old Amount \$ _____ Effective Date: _____

X _____
Signature

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

Share Draft/Checking	\$ _____
Share/Savings	\$ _____
Loan # _____	\$ _____
Loan # _____	\$ _____
Loan # _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total:	\$ _____

Please forward completed authorization to the credit union for processing.