

PAYROLL DEDUCTION AUTHORIZATION

| Employee Information | |
|---------------------------------|--|
| Name | |
| Address | |
| City, State, ZIP | |
| Social Security Number | |
| Employee Number (if applicable) | |

| Account Information | |
|-----------------------|--|
| Financial Institution | Freedom Credit Union |
| Address | 815 N Freedom Blvd |
| City, State, ZIP | Provo, UT 84604 |
| Routing/ABA Number | 324377927 |
| Account Number | |
| Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

- I authorize my employer to deduct \$_____ from my gross earnings each pay period and deposit that amount to the account identified above.
- I authorize my employer to deposit my net pay to the account identified above.

This deduction should begin on _____ and continue until revoked by me.

Signature: _____ Date: _____

ATTACH VOIDED CHECK
OR DEPOSIT SLIP HERE