PAYROLL DEDUCTION– DIRECT DEPOSIT AUTHORIZATION

*****SHAMROCK FOODS COMPANY PAYROLL DEDUCTION AUTHORIZATION*****

Member: _____ Last 4 of SSN: _____

Home/Cell Phone: _____ Work Phone: _____ Division: _____

Company ID number: _____

Initial Authorization – Pre-Note **Change in Authorization - From $ _____**

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at the Credit Union 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. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the Credit Union 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 –**Must fill out Direct Deposit Authorization Agreement** also.

Credit Union R/T No: 322174850

OR $_____ Bi-Weekly

Deposit to: Savings Account No: 000000 ____ ____ ____ ____

Checking Account No: 00030 ____ ____ ____ ____ ____

X_____ _____

Signature Date

******************** CREDIT UNION DIRECT DEPOSIT AUTHORIZATION ********************

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

	SFX	AMT	ACCT	SFX	AMT
Share/Savings	# _____	$ _____	#_____	# _____	$ _____
Share/Savings	# _____	$ _____	#_____	# _____	$ _____
Money Market	# _____	$ _____	**IRA**#_____	# _____	$ _____
Share Drft/Checking	# _____	$ _____	#_____	# _____	$ _____
Loans	# _____	$ _____	#_____	# _____	$ _____
Loans	# _____	$ _____	#_____	# _____	$ _____
Other _____	# _____	$ _____	#_____	# _____	$ _____
Other _____	# _____	$ _____	#_____	# _____	$ _____
Other _____	# _____	$ _____	#_____	# _____	$ _____
Total		**$_____**			**$_____**

***CREDIT UNION USE ONLY** * Initial Authorization **PRE-NOTE** Start Date: _____

Teller #_____ Effective Date for **CHANGE IN AUTHORIZATION**: _____

Distribution change only-DO NOT submit to Payroll