



CU Officer: _____

Date: _____

Payroll Deduction and Authorization Form

To: Company Name/Agency/Employer: _____

Effective immediately, I hereby authorize **California Bear Credit Union** to receive my payroll deduction in the amount indicated below per pay period. This authorization will remain in effect until the Credit Union or myself cancel it. I agree to hold harmless the Credit Union and its employees for any errors in transmitting or posting deductions.

Total Amount of Deduction: \$ _____

1. Payroll Request: New Deposit Amount Change Delete/Cancel Distribution Change (Signature not required)

2. Primary Deposit Destination: Checking Savings

3. Payroll Frequency: Monthly Bi-Weekly Semi Monthly (1st and the 15th of the month) Other _____

Date _____ **Account #** _____ **Soc. Sec. #** _____

Print Name _____ **Signature** _____

For Credit Union use only

Distribution Instructions

(The Total Amount of the Distributions below must equal the above noted "Total Deduction Amount")

Share Type	Suffix	Amount		Loan Type	Suffix	Amount
Regular Share				Loan Account		
Sub Share				Loan Account		
Sub Share				Loan Account		
				Loan Account		
Checking						
Money Market				Line of Credit	n/a	n/a
Holiday Club				Real Estate		
IRA						
IRA Roth						
Other Account No. _____				Other Account No. _____		

California Bear Credit Union

300 S. Spring St. #1215 Los Angeles, CA 90013
213-830-4100 www.calbearcu.org