



Authorization Agreement - Please complete either section A or B; and C

Section A DIRECT DEPOSIT

I hereby authorize my Payroll Department and Unilever Federal Credit Union to deposit/change/cancel amounts automatically deposited to my account each pay period. This authorization will remain in effect until further notice. I also authorize the return of any funds that I am not entitled to.

Employee Name: Social Security Number:
Work Location: Home Phone:
Name of Institution: Unilever Federal Credit Union Routing Transit Number: 221275711
Account Number:

ACCOUNT TYPE ACTION AMOUNT
(Check One) (Check One) (Check One)
Checking Savings New Change Cancel
Increase To: Decrease To:
New Total \$
Percent (%) of Net Pay
(See distribution below)

For checking, please attach a voided check (not a deposit slip)

Section B PAYROLL DEDUCTION

I hereby authorize my employer to deduct/change/cancel \$ from my salary to my account (see distribution below). This authorization will remain in effect until further notice.

ACTION New Change Cancel

Employee Name: Social Security Number:
Account Number:

Section C DISTRIBUTION OF FUNDS

Savings Checking
Holiday Club Other
Loans (Amounts determined by Credit Union) New Total

SIGNATURE

I have read and agree to the above requirements for authorizing Direct Deposit and /or Payroll Deduction

Print
Signature Date

Due to timing differences, a delay in requested changes may occur or a check may be received after this form was submitted.

Please return the completed form to: UFCU, 800 Sylvan Ave, Englewood Cliffs, NJ 07632