



Use this form to have **FIXED AMOUNT DEDUCTED FROM EACH PAYCHECK** and deposited to your Credit Union account and/or applied toward your Credit Union loan(s). If you want your **ENTIRE** paycheck deposited, please use the Bi-Mart Direct Deposit form and submit it to Bi-Mart Corporation.

With payroll deduction, a portion of your paycheck is allocated to your Credit Union Checking, Savings and/or loan account(s) each payday. **Payroll Deduction Authorization forms must be submitted at least eight (8) days prior to the pay date of the first deduction.**

## PAYROLL DEDUCTION AUTHORIZATION

**\*This form replaces any current payroll deduction authorization\***

**\*Any prior deduction and/or distributions not listed on this form will be discontinued\***

Member name \_\_\_\_\_ Member # \_\_\_\_\_

Authorization type (please check one box):

New (no current payroll deduction)     Replace existing payroll deduction amount     Cancel deduction

**Total amount to be deducted from each paycheck \$ \_\_\_\_\_**

Please distribute the funds from my payroll deduction to the following accounts with any remainder to be deposited to my Savings account:

Account Type \_\_\_\_\_ Account Number (10 Digit) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Type \_\_\_\_\_ Account Number (10 Digit) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Type \_\_\_\_\_ Account Number (10 Digit) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Type \_\_\_\_\_ Account Number (10 Digit) \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Return this form to:** Oregon Community Credit Union  E-Services Support Department

Fax: 541.681.6105  Email: [EServicesSupport@MyOCCU.org](mailto:EServicesSupport@MyOCCU.org)  Mail: PO Box 77002 Springfield, OR 97475

I authorize Bi-Mart Corporation to deduct the amount above from each paycheck. I understand that I may cancel this deduction at any time. **This deduction request supersedes any and all prior deduction requests related to my Credit Union account.** I further understand that this authorization shall remain in effect until revoked by me, allowing time to meet payroll deadlines in order to make effective any changes in this authorization. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made. This agreement will remain in effect until termination of my employment or until I submit written notice of cancellation to the Credit Union. Change of this authorization must be made in writing to the Bi-Mart CU Division of Oregon Community Credit Union. I also understand that a deduction for a loan that has been paid in full will not stop automatically. I must submit a new payroll deduction form to stop that deduction. If a new payroll deduction form is not completed after a loan is paid in full, the loan deduction amount will be deposited into my Regular Share Savings account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For internal use only

|                              |                 |                       |
|------------------------------|-----------------|-----------------------|
| Date received:               | Date processed: | Deduction start date: |
| Previous deduction: \$ _____ | Notes:          |                       |