

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

EMPLOYEE'S NAME: (PLEASE PRINT) _____

COMPANY:	ISO NEW ENGLAND INC.
PAYROLL FREQUENCY:	<input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
CHECK ONE:	<input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE

I AUTHORIZE MY COMPANY TO INITIATE DIRECT DEPOSIT OF NET/CHECK TO THE FOLLOWING ACCOUNTS:

ACCOUNT NUMBER _____ SHARE DRAFT (CHECKING) SAVINGS

**PLEASE DEDUCT FROM MY EARNING EACH PAY PERIOD THE AMOUNT OF
(TO DEPOSIT ENTIRE CHECK PLEASE WRITE "ENTIRE CHECK" IN THE BOX)**

\$

FOR TRANSMITTAL TO:

WEMELCO Credit Union
 300 Cadwell Dr
 Springfield, MA 01104
 Routing and transit number 211886275

EMPLOYEE'S SIGNATURE _____ DATE _____

PLEASE NOTE DIRECT DEPOSITS MAY HAVE A PRENOTIFICATION PERIOD BEFORE FUNDS ARE DEPOSITED TO YOUR ACCOUNT(S). CONTACT YOUR PAYROLL DEPT. FOR INFORMATION ON THIS AND INSTRUCTIONS ON DELETING CURRENT DEPOSITS TO OTHER FINANCIAL INSTITUTIONS.

WEMELCO CREDIT UNION *USE ONLY*, PRAUTHORIZED FUNDS TRANSFER (ACH/EFT)

MEMBER NAME (PLEASE PRINT)		MEMBERSHIP NUMBER		
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE NO.	WORK PHONE NO.	<input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		
DEPOSITING COMPANY		DEPOSIT FREQUENCY		
		<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY		

SUFFIX	ACCOUNT/SHARE TYPE	AMOUNT
1	SAVINGS	
2	IRA SHARES	
3	CHECKING	
4	MONEY MARKET	
5	LOAN PAYMENTS(S)	
6		
7		
8	CHRISTMAS/HANUKKAH CLUB	
TOTAL		

SUFFIX	MEMBER NUMBER(S)	AMOUNT

I HAVE THIS DAY AUTHORIZED WEMELCO CREDIT UNION TO TRANSFER FROM MY SAVINGS OR CHECKING ACCOUNT TO THE ACCOUNTS SPECIFIED.

MEMBER'S SIGNATURE _____ DATE _____

CREDIT UNION USE

Branch _____

Teller _____

Cycle Number _____

Processor _____

Date _____

CO. USE ONLY:

Payroll Dept. _____

Initial _____

Date _____