



Please Fax to: 570-742-0389 or mail to: Pinpoint FCU, 603 Center St. Milton, PA 17847

PAYROLL DEDUCTION AUTHORIZATION FORM

Routing/ABA # 231382351

Please return this form to Pinpoint Federal Credit Union.

Your employer may have a separate form that is required. Please contact your Human Resource Department.

Please call the credit union to verify the account number to use for your deposit.

Member Name: _____ Member #: _____

Employer: _____ SSN/TIN: _____

Home Phone: _____ Work Phone: _____

_____ Initial Authorization _____ Change in Authorization

Total Deposit Amount: \$ _____ Account #: _____ Savings Checking
(10 digit account number)

Payroll Frequency: _____ Weekly _____ Biweekly _____ Semi-Monthly _____ Monthly

Internal Distribution

Share Savings # _____ \$ _____ Other # _____ \$ _____

Share Draft Checking # _____ \$ _____ Other # _____ \$ _____

Super Saver # _____ \$ _____ Other # _____ \$ _____

Club # _____ \$ _____ Other # _____ \$ _____

Other # _____ \$ _____ Other # _____ \$ _____

Signature: _____ Effective Date: _____