



Routing Number
243083347

P.O. Box 15038
Pittsburgh, PA 15237

PAYROLL AUTHORIZATION FORM

Name _____ SS#
(last four)

Company Name _____

(Account Number)

START \$ _____
(Amount)

MODIFY Savings

STOP Net (Entire Paycheck) Checking

I hereby authorize my employer to initiate start, modify or stop payroll deductions/
direct deposit from each pay to the above financial institution and account number.

Signature _____

Date _____

(P/R 8/2012)

PAYROLL AUTHORIZATION FORM

Please complete your name, the company name and the last four digits of your social security number.

Indicate start, modify or stop, the total dollar amount, your credit union account number and where you want these funds deposited, savings or checking account.

Sign and date this form and then take to your employer's payroll department.

If you wish to have distributions please complete the form below so that once the funds are deposited, it can be distributed accordingly.

PAYROLL DEDUCTION DISTRIBUTION CARD

Please complete your name, account number, home/cell phone number, company you are employed at, employer address, work phone number and the frequency that you are paid (Weekly, Bi-weekly, Semi-Monthly or Monthly).

Indicate the dollar amounts that you would like to have distributed into the accounts. These amounts should equal the total amount designated on the Payroll Authorization Form.

IF: Direct Deposit – Enter the dollar amounts you wish to have distributed into your accounts and type Balance where you wish to have the remainder deposited.

IF: Funds are to be disbursed into a different account number please indicate the number in the space provided next to the type of account.

Sign and date this form and return to OMEGA Federal Credit Union.



P.O.Box 15038
Pittsburgh, PA 15237-3786
412-369-3800

PAYROLL DEDUCTION
DISTRIBUTION CARD

Name _____
Account No. _____
Phone - Home _____
Cell _____
Company _____
Address _____
Address _____
Phone (Work) _____
Pay Frequency _____

Distributions are valid for the above company only.
Notify the credit union if you change employers.

Signature _____

Date _____

DISTRIBUTIONS

Savings _____ \$ _____
Checking _____ \$ _____
Money _____
Mkt _____ \$ _____
Christmas _____ \$ _____
Escrow _____ \$ _____
Vacation _____ \$ _____
H S A _____ \$ _____
Misc. Club _____ \$ _____
Misc. Club _____ \$ _____
Loan # _____ \$ _____
Loan # _____ \$ _____
Loan # _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____
Total Deductions \$ _____

(P/R 8/2012)