



P.O. Box 15038 Pittsburgh, Pa 15237-0038

Routing Number  
243083347

**PAYROLL AUTHORIZATION FORM**

Name \_\_\_\_\_ SS#      
(last four)

Company Name \_\_\_\_\_

START  \$ \_\_\_\_\_  
(Amount)

(Account Number)

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 2/2015)

**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, date form and return this form 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.



P.O. Box 15038 Pittsburgh, Pa 15237-0038  
412.369.3800

**PAYROLL DEDUCTION DISTRIBUTION CARD**

Name \_\_\_\_\_

Account No. \_\_\_\_\_

Phone - Home \_\_\_\_\_

Cell \_\_\_\_\_

Company \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Pay Frequency \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

(P/R 5/2015)

Savings \_\_\_\_\_ \$ \_\_\_\_\_

Checking \_\_\_\_\_ \$ \_\_\_\_\_

Money Mkt. \_\_\_\_\_ \$ \_\_\_\_\_

Christmas \_\_\_\_\_ \$ \_\_\_\_\_

Escrow \_\_\_\_\_ \$ \_\_\_\_\_

Vacation \_\_\_\_\_ \$ \_\_\_\_\_

Misc. Club \_\_\_\_\_ \$ \_\_\_\_\_

Loan # \_\_\_\_\_ \$ \_\_\_\_\_

Loan # \_\_\_\_\_ \$ \_\_\_\_\_

Loan # \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Deductions** \$ \_\_\_\_\_

**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, date form and return this form to OMEGA Federal Credit Union.**