

(Account Number)

## 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 and return this form to**  
**OMEGA Federal Credit Union**  
**P.O. Box 15038**  
**Pittsburgh, Pa 15237-0038**  
**Fax 412.369.3828**

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

### PAYROLL AUTHORIZATION

Member Name \_\_\_\_\_ SS#      
(last 4 digits)

Start  Modify  Stop

**Choose One**

\$ \_\_\_\_\_  Net (Entire Paycheck)  
(Amount)

Savings

Checking

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

Company Phone (HR or Payroll if available): \_\_\_\_\_

Employee Payroll Number (if needed) \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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.

OMEGA Employee # \_\_\_\_\_

(PR 6/19)

## PAYROLL DEDUCTION DISTRIBUTION

Please fill out form completely including 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.

For entire 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 for other.

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### PAYROLL DEDUCTION DISTRIBUTION

Name \_\_\_\_\_

Account # \_\_\_\_\_

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

Cell \_\_\_\_\_

Company \_\_\_\_\_

Employee Payroll Number \_\_\_\_\_

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

OMEGA Employee # \_\_\_\_\_

(PR 1/19)

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

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

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

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

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

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

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

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

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

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

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

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

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