

# Direct Deposit and/or Payroll Deduction Services

New Request  
 Change

Last Name:		
First Name:		
Social Security #:	Daytime Phone:	
Employer Name:		
I authorize my employer to deposit my net pay or portion (payroll deduction), as indicated below, into my account each payday. If funds to which I am not entitled are deposited into my account, I authorize my Employer to direct TruPartner CU to return any funds to my Employer.  _____		
Employer, please send: <input type="checkbox"/> Net Pay to (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number: _____  <input type="checkbox"/> Payroll Deduction of \$ _____ (must be a fixed amount)  <b>TruPartner Credit Union R&amp;T: 242076601</b>		
TruPartner Credit Union, please distribute my payroll funds as shown below each pay period until your receive notice from me.		
<input checked="" type="checkbox"/> Account Type	Amount	Account #
<input type="checkbox"/> Primary Savings	\$ _____	_____
<input type="checkbox"/> Checking	\$ _____	_____
<input type="checkbox"/> Money Market	\$ _____	_____
<input type="checkbox"/> IRA Savings	\$ _____	_____
<input type="checkbox"/> HSA	\$ _____	_____
<input type="checkbox"/> Loan ID # _____	\$ _____	_____
<input type="checkbox"/> Loan ID # _____	\$ _____	_____
<input type="checkbox"/> Other	\$ _____	_____
<input type="checkbox"/> Other	\$ _____	_____
<input type="checkbox"/> Other	\$ _____	_____
<input type="checkbox"/> Other	\$ _____	_____

Employer: Please forward the original to:  
TruPartner Credit Union  
Attn: Member Accounting  
1717 Western Ave  
Cincinnati, OH 45214  
(513) 241-2050 or 1-800-582-7536  
  
[www.TruPartnerCU.org](http://www.TruPartnerCU.org)

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