



8805 University Boulevard
 Moon Township, PA 15108-2580
 1-800-926-0003 • 1-412-269-3011
 www.clearviewfcu.org

Authorization for Account Distribution

Account Number _____ Name _____ Home Phone _____

PAYROLL - I work for _____ Source Code _____
 Frequency: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly
 (US Airways East, Hopewell Schools, CCBC, Southside Schools, City of Aliquippa, Municipal Water Authority, Sewickley Speakeasy, Unis Auto Sales)
 (UMTC1, UFLT3, UPIL3, HOPE2, CCBC2, SSID3, ALIQ2, ALQW2, SWSP3, UNIS3)

ACH - I work for _____ Source Code _____
 (US Airways West, Piedmont, or any outside company)
 (AMEWES, PIEAIR Other companies will show in history as description for deposit)

TRANSFER - Please transfer from (0,10,25,8,9) on the _____ day of each month
 (Days 1-31, TRAN-W, TRAN-B, TRAN-SM, Ohio Valley Hospital Employees TRF-OV)

PLEASE INDICATE THE AMOUNT YOU WOULD LIKE TO HAVE DISTRIBUTED ON A RECURRING BASIS BESIDE THE ACCOUNT(S) OF YOUR CHOICE:

ACCOUNT TYPE	SUFFIX	AMOUNT	REASON (Please check Reason)
Clearview Savings	(0)	\$ _____	<input type="checkbox"/> New Deduction, Distribution, Transfer
Clearview Money Market	(25)	\$ _____	
Christmas Club	(20)	\$ _____	<input type="checkbox"/> Cancel Deduction, Distribution, Transfer
Vacation Club	(21)	\$ _____	<input type="checkbox"/> Change Deduction, Distribution, Transfer
IRA (circle suffix)	(30,41,36,44)	\$ _____	<input type="checkbox"/> Increase Amount <input type="checkbox"/> Decrease Amount
Member's Choice	(10)	\$ _____	
Checking (circle suffix)	(8,9)	\$ _____	
Other _____ (indicate suffix)		\$ _____	

RELATED ACCOUNT(S) DEDUCTIONS, DISTRIBUTIONS OR TRANSFERS					
ACCOUNT #	NAME	AMOUNT	ACCOUNT #	NAME	AMOUNT
Clearview Savings (0)		\$ _____	Clearview Savings (0)		\$ _____
Christmas Club (20)		\$ _____	Christmas Club (20)		\$ _____
Vacation Club (21)		\$ _____	Vacation Club (21)		\$ _____
Member's Choice (10)		\$ _____	Member's Choice (10)		\$ _____
Checking (8,9)		\$ _____	Checking (8,9)		\$ _____
Other		\$ _____	Other		\$ _____

For Office Use Only: Emp Initials: _____ Date Entered: _____ Priority: Loans, Checking (Partial), IRA, Clearview Money Market, Christmas Club, Vacation Club, Member's Choice, Clearview Savings.

Tear along fold line and provide to your Payroll Department

DEDUCTION AUTHORIZATION FORM FOR CLEARVIEW FCU

Employee Name: _____ Account Number: _____

Clearview Federal Credit Union ABA Number: **243083237** Clock / Employee Number: _____

Total deduction amount: \$ _____

I hereby authorize you to deduct from my wages the amount noted above on a (check one):

Weekly _____, Bi-weekly _____, Semi-monthly _____, or Monthly _____ basis for deposit to Clearview FCU.

I authorize the Credit Union and any creditor or other organization from whom money is received on my account or to whom money is disbursed on my account to adjust any account of mine in case of erroneous deposits, deductions, transfers, receipts, or withdrawals. **Transfer Only:** If insufficient funds are on deposit at the designated time of transfer, the entire amount in the account will be transferred and you will be responsible for the remaining account.

MEMBER'S SIGNATURE: _____ DATE: _____