
SOC. SEC. NO.

ACCOUNT NO.

NAME (Please Print) LAST FIRST M.I.

STATE AGENCY/DEPARTMENT

DAYTIME PHONE NUMBER

E-MAIL ADDRESS

EFFECTIVE DATE

PLEASE READ AND SIGN BELOW:

I hereby authorize the state controller to deduct from my salary and wages, the amount specified now or in the future by the Credit Union.

This authorization will remain in effect until cancelled by myself or by the Credit Union.

I certify I am a member of the above Credit Union and understand that termination of membership will cancel all deductions made under this authorization.

I have authorized the above agency to deduct monthly and transmit the amount required for my loan payment(s) and / or the amount specified above for shares from my salary to Golden 1 Credit Union. **If the amount required for my loan payment(s) is not deducted from my salary, it will be my responsibility to make the payment.** This authorization will remain in effect until cancelled by myself.

Member must retain \$1.00 in Regular Shares to qualify for Payroll Deductions

SIGNATURE

DATE

ACH-23 (12-07)



STATE CONTROLLERS

Please complete the information below. If the deduction is to apply to another account number, please indicate.

DEDUCTIONS NOT LISTED WILL BE DELETED

	ACCOUNT #	SUB	SUF.	AMOUNT
SHARES:	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
RELATED SHARES:	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
LOANS:	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
RELATED LOANS:	_____	_____	_____	\$ _____
CHECKING:	_____	_____	9	\$ _____
RELATED CHECKING:	_____	_____	_____	\$ _____
TOTAL DEDUCTION:				\$ _____

Credit Union Use Only

- NEW
- CHANGE
- DELETE

ACH Payment Services Use Only:		Branch: _____
Entered By: _____		Initial: _____
Date Entered: _____		Date Received: _____