



## USALLIANCE Payroll Authorization Agreement and Instructions

By signing this form, you authorize your employer to deposit your pay automatically each pay period to your designated USALLIANCE account by initiating credit entries electronically or by any other commercially accepted method. You also authorize USALLIANCE to credit this deposit to your account. If funds to which you are not entitled are deposited to your account, you authorize your employer to direct USALLIANCE to return those funds by any method and you authorize USALLIANCE to debit the same to your account. This authority will remain in effect until you provide written notification of its cancellation in such time and manner to afford your employer and USALLIANCE a reasonable opportunity to act on it. This form will substitute the use of a voided check.

To divide your deposit among several accounts, or deposit to another Credit Union account:

- Log in to [www.usalliance.org](http://www.usalliance.org) to easily make a transfer or set up a scheduled transfer
- Use our convenient Mobile app to transfer funds
- Use Dial-Up (800.431.2754, option 2)

If you have any questions regarding this form, please contact 800-431-2754.

<b>USALLIANCE Payroll Authorization</b>	
<b>This section completed by Credit Union:</b>	
Owner Name(s):	
Account Number:	Account Type:
Routing & Transit Number:	<b>221981063</b>
Address:	<b>USALLIANCE Financial</b>  <b>411 Theodore Fremd Ave Suite 350</b> <b>Rye, NY 10580 -1410</b> <b>Phone: 914-921-0500</b>
<b>Member section - Complete to acknowledge acceptance of the terms &amp; conditions of this agreement:</b>	
Check one:	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel    Effective Date: ____/____/____
Payroll Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly
Payroll Amount:	<input type="checkbox"/> Deposit my entire net pay    -OR- <input type="checkbox"/> Deduct \$ _____ each pay period
Social Security Number:	_____ - _____ - _____
Daytime Phone:	( _____ ) _____ - _____
Signature:	

**Submit this form to your payroll department.**