



450 Rt. 8 Maite, Guam 96910
 T 671.477.8736
 coast360fcu.com

PAYROLL DEDUCTION / DIRECT DEPOSIT AUTHORIZATION

Member Name _____ Member Number _____

Employer _____ SSN / TIN _____

Work Number _____ Other Number _____ Payroll Number _____

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at Coast360 for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and Coast360 are directed to make and apply deduction(s) in accordance with this Authorization.

Deposit to Primary Savings Account: _____

Coast360 Routing Number: **3 2 1 4 8 1 6 1 2**

AUTHORIZATION	DEPOSIT AMOUNT	PAYROLL PERIOD
<input type="checkbox"/> Initial Authorization <input type="checkbox"/> Cancel <input type="checkbox"/> Change Distribution <input type="checkbox"/> Change Amount: Previous Amount: \$ _____ <input type="checkbox"/> Hand Carry	<input type="checkbox"/> Net <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly Payroll Period Ending: _____

Member Signature _____ Date _____

COAST360 DIRECT AUTHORIZATION By signing above, I authorize Coast360 to apply my payroll deduction for each period as follows:

	4-digit Share/Loan ID	
Checking	□ □ □ □	\$ _____
Savings	□ □ □ □	\$ _____
Loan	□ □ □ □	\$ _____
Other _____	□ □ □ □	\$ _____
Other _____	□ □ □ □	\$ _____
Other _____	□ □ □ □	\$ _____
Other _____	□ □ □ □	\$ _____
Other _____	□ □ □ □	\$ _____
	TOTAL	\$ _____

Coast360 FCU Internal Purposes Only

Received & Verified by:
 MSC – Teller ID _____
 Date _____

Reviewed & Processed by:
 eServices – Teller ID _____
 Date _____