PAYROLL DEDUCTION FORM

Please take this form to your HR/Payroll Department for deductions to begin

DATE: _____

Payee Information:

ALABAMA CREDIT UNION
P.O. BOX 862998
TUSCALOOSA, AL 35486-2998

ABA ROUTING #: 262277419 ACCOUNT: 10922802 (savings)

Amount $_____ Effective Date:_____

Recurrence: □ Quarterly □ Monthly □ Weekly □ One Time □ Per Pay Period

I hereby authorize **(employer name)** _____, hereinafter called "COMPANY", to initiate a credit entry to an account at the financial institution listed above, hereinafter called DEPOSITORY. I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. laws and regulations.

I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

Payer Information:

_____
Employee Signature

_____
Employee Name (typed or printed)

_____
Employee Address

_____
City/State/Zip

***For more information, contact Kelley Porter, Alabama Credit Union, 205.348.9976 or KPorter@AlabamaCU.com**