



411 Theodore Fremd Avenue • Suite 350
Rye, NY 10580-1426 • 800.431.2754 • usalliance.org

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 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.

USALLIANCE PAYROLL AUTHORIZATION	
This section completed by Credit Union:	
Owner Name(s):	
Account Number:	Account Type:
Routing & Transit Number:	221981063
Address:	USALLIANCE Financial 411 Theodore Fremd Ave Suite 350 Rye, NY 10580-1426 Phone: 914-921-0500
Member section - Complete to acknowledge acceptance of the terms & conditions of this agreement:	
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.