



P. O. Box 938
 Severna Park, MD 21146
 Phone: (800) 766-2292
 Fax: (410) 544-8130
 Email: cs@aftermarketcu.com

PAYROLL CONTRIBUTION FORM

The employer and the employee should complete this form together.

Submit separate completed form for each participating employee to AAFCU.
 A copy will be returned to the employer with all the direct deposit information, if necessary.

Employer Company Name: _____

Name of this employee: _____

Employee Social Security Number: _____ - _____ - _____

PAYROLL DEPOSIT OPTIONS

Employee authorizes the employer named above to make a regular contribution through payroll deduction on each regular payroll date:

A payroll deduction (per paycheck period) of the following amount is authorized for deposit to the employee's AAFCU account designated:

- \$ ____ . ____ to the Health Savings Account (HSA)
- \$ ____ . ____ to the Regular Share (savings) account
- \$ ____ . ____ to the Share Draft (Interest Checking/ATM account)
- \$ ____ . ____ to the Vacation Club Account (Annual setup required by employee)
- \$ ____ . ____ to the Christmas Club Account (Annual setup required by employee)
- _____
- \$ ____ . ____ TOTAL PAYROLL DEDUCTION FOR THIS EMPLOYEE

The company will send these employee payroll deductions to AAFCU (select method to be used):

- Electronically by our payroll processor
- Manually by mail with paper instructions for AAFCU to apply deposits accurately.

Company will make a one-time, occasional or annual contribution to the employee's HSA.

The company will send these contributions to AAFCU (select method to be used):

- Electronically by our payroll processor
- Manually by mail with paper instructions for AAFCU to apply deposits accurately.

By the signature below, the employee authorizes both the employer named above and AAFCU to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit to the AAFCU accounts indicated above.

 Employee Signature

 Date

This authority remains in effect until employer has received written notification from employee to amend or terminate these payroll deduction options specified herein and when such written notification is made in advance of deadlines associated with the period's payroll processing. Also, this authorization expires when employee is terminated with this employer.

To Employer: Process deposits for the employee named above using the following account information.

Electronic/ACH Deposits
 Mid Atlantic Corporate CU
 1201 Fulling Mill Road
 Middletown, Pa. 17057-3111

Routing number: 055080156
 Employee's AAFCU Account #:

Send Paper Mail-in Deposits to:
 AAFCU
 P.O. Box 938
 Severna Park, MD 21146