



**Health Alliance  
Federal Credit Union**

*In Service to the Community*

230 Highland Avenue, Somerville, MA 02143

(617) 591-6709,6710; Fax (617) 591-6711

[www.myhacu.com](http://www.myhacu.com)

## PAYROLL DEDUCTION AUTHORIZATION SUMMARY

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Please check one: Checking:  Savings:

Credit Union Routing / Transit #: 2113 8564 0

Employer: \_\_\_\_\_ Last 4 digits SSN: \_\_\_\_\_

CHA: Somerville \_\_\_\_\_ Cambridge \_\_\_\_\_ Whidden \_\_\_\_\_ Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

START \_\_\_\_\_ STOP DEDUCTION \_\_\_\_\_ CHANGE DEDUCTION \_\_\_\_\_

Total Deposit Amount\*\*\*: \$ \_\_\_\_\_ Payroll Period: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_

**\*\*\*This deposit is to be credited as follows:**

Savings	\$ _____
Checking	\$ _____
Special Savings	\$ _____
Holiday Club	\$ _____
Vacation Club	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Loan# _____	\$ _____
Loan# _____	\$ _____

**TOTAL DEPOSIT AMOUNT:** \$ \_\_\_\_\_ \*\*\*

\*\*\*This total amount must agree with the Total Deposit Amount noted above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature