

**L.E.O. Credit Union
 Authorization Agreement for Direct Deposits
 (Employee Deduction)**

| | | |
|--------------|-----------------|--------------|
| Name: | Emp. ID: | Date: |
|--------------|-----------------|--------------|

| | | | |
|---|---|--|---|
| Add Account <input type="checkbox"/> | Change Account <input type="checkbox"/> | Change Amount <input type="checkbox"/> | Cancel Account <input type="checkbox"/> |
| Account Type : (check one) | Please return this form to - L.E.O. Credit Union | | |
| Checking : <input type="checkbox"/> | Fax - 440-347-3897 Mail drop – P 88 | | |
| Savings: <input type="checkbox"/> | Phone - 440-347-3891 | | |
| * For Sub-Account Distribution, please complete a <u>“L.E.O. Payroll Deduction Card”</u> located in the Credit Union Office or on the L.E.O web site: www.leocu.org | | | |
| Bank Transit/ABA No | 0 4 1 2 8 4 3 9 3 | Account No: | |
| Flat Amount \$ | Change - From \$ To - \$ | | |

I hereby authorize The Lubrizol Corporation (Lubrizol) to initiate credit (deposit)/ debit (withdrawal) entries to my Checking or Savings account as indicated above.

Signature: _____

Effective for pay date of: _____

| | | | |
|--------------------------|--------------------|---------------------------|--------------------|
| Payroll use only: | | | |
| Entered By: _____ | Date: _____ | Reviewed By: _____ | Date: _____ |