

# Employer Authorization To Obtain Member Account Number

By signing below, I authorize my employer, \_\_\_\_\_,  
and any agents acting on their behalf to obtain my account number from Central  
Credit Union Of Illinois in order to process payroll-related transactions on my behalf.

**Member's Name**

(Please Print)

**Signature and Date**

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**CENTRAL CREDIT UNION  
OF ILLINOIS**

Bank on the Difference. [www.centralcu.org](http://www.centralcu.org)  
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