

PAYROLL DEDUCTION AUTHORIZATION

PLEASE PRINT OR TYPE

MEMBER LAST NAME	FIRST	INITIAL	SOCIAL SECURITY NUMBER	TELLER # / INITIALS / BRANCH
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I hereby authorize

(School) _____

(District) _____

(County) _____

THIS AUTHORIZATION IS TO:

- START
- CHANGE
- CANCEL

my employer, to deduct from my salary and forward each month the amount indicated below to the SCHOOLS FINANCIAL CREDIT UNION. This deduction is to continue until CHANGED OR CANCELLED by me in writing through the Credit Union office.

MY PAYROLL DEDUCTION

Total amount to be deducted: \$ _____

NOTE: Please allow at least 30 days between request date and the beginning of the following month to allow for processing through your school district and to accommodate varying payroll cut-off dates within districts.

I wish this payroll deduction to begin with my warrant (paycheck) for the month of _____

Member Signature: _____ **Date:** _____

MAIL OR BRING BOTH SECTIONS OF THIS CARD TO A SCHOOLS FINANCIAL CREDIT UNION OFFICE (SEE REVERSE SIDE FOR OFFICE LOCATIONS)

MEMBER LAST NAME	FIRST NAME	INITIAL	SOC. SEC. #	TELLER # / INITIALS / BRANCH
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Effective warrant month of _____, post the amount of my payroll deduction from the _____ as follows:

(School) (School District) (County)

DELETE _____

Account Number	Loan #	Amount to Loan	Type of Savings	Amount to Savings	Type of Savings	Amount to Savings	Amount to Checking	Total per Account

Member Signature: _____ Date _____ TOTAL DEDUCTION _____

Address _____

Home Phone _____ Work Phone _____