PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize

(School)

(District)

(County)

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.

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

Member Signature: ____________________________

Date: ____________________________

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.

DELETE:_

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Loan #</th>
<th>Amount to Loan</th>
<th>Type of Savings</th>
<th>Amount to Savings</th>
<th>Type of Savings</th>
<th>Amount to Checking</th>
<th>Total per Account</th>
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</table>

Member Signature: ____________________________

Date: ____________________________

TOTAL DEDUCTION

Address

Home Phone

Work Phone

Schools GC0111R-1 03/2011