

FOR PAYROLL DEPARTMENT

Send This Form To the Credit Union

Name: _____

Social Security Number _____

EDUCATIONAL & GOVERNMENTAL EFCU

Payroll Supervisor of the _____

(Your Employer)

I hereby authorize you to deduct _____ dollars (\$ _____).

\$ Amount Calculated
by selections below

From my pay each payroll period, until further notice from me, and transmit the same currently to the Educational & Governmental Employees Federal Credit Union.

Signature of Employee _____

Date _____

For Office Use Only:

Payroll No. _____

Member No. _____

FOR CREDIT UNION

Name: _____

Social Security Number _____

EDUCATIONAL & GOVERNMENTAL EFCU

After reading the sections on payroll deduction and direct deposit, I have this day authorized the Payroll Supervisor of the _____
(Your Employer)

to deduct from my pay each period until further notice \$ _____
and be transmitted to the Credit Union and credited as follows:

\$ Amount Calculated
by selections below

Savings \$ _____ Checking \$ _____

IRA Acct. \$ _____ Holiday Club \$ _____ Vacation Club \$ _____

Loans \$ _____ \$ _____ \$ _____

Other \$ _____ \$ _____ Total \$ _____

\$ Amount Calculated
by selections above

Signature of Employee _____

Date _____

Credit Union Use Only:

Payroll No. _____

Member No. _____