

Payroll Deduction Authorization
Credit Union Copy

Date	Member Number	Residual Account	Payroll Amount
Name		Employer Name	
Address		City/State/Zip	
Distribute my deductions to the accounts indicated in the amounts noted, effective:			
Account Number	Amount	Account Number	Amount
Account Number	Amount	Account Number	Amount
Account Number	Amount	Account Number	Amount
Account Number	Amount	Account Number	Amount
Received by	Date	Processed by	Date

I hereby request and authorize my employer to deduct from my earnings each pay period for transmittal to Extra Credit Union said deduction to be used by the credit union on my behalf in accordance with arrangements made between me and the credit union for which my employer is in no way responsible. This authorization is revocable by me upon written notice to the employer submitted through the credit union or upon termination of my employment. Changes in the amount of deductions may be made on my behalf and for my benefit by the credit union.

This authorization cancels all previous deduction arrangements presently held by the Board of Education, and will not go into effect until processed by the Credit Union.

I have read the payroll deduction authorization agreement and agree to its conditions.

Signature

Payroll Deduction Authorization
Employer Copy

Date	Employer	Payroll Amount
Name		
Address		City/State/Zip

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