



PAYROLL DEDUCTION REQUEST FORM

Return copies 1 & 2 to the Credit Union

LAST NAME		FIRST NAME	MIDDLE NAME	SHARES/SAVINGS \$	
ACCOUNT # / SOCIAL SECURITY #			DATE	MONEY MARKET \$	
STREET ADDRESS		CITY	STATE	ZIP	SPECIAL PURPOSE CLUB \$
POSITION		EMPLOYMENT LOCATION		SHARE DRAFT CHECKING \$	
PAY FREQUENCY Weekly _____ Bi-Weekly _____ Monthly _____ Semi-Monthly _____		RELATED ACCOUNT # (if applicable)		LOAN PAYMENT \$	
I hereby authorize my Payroll Office to deduct \$ _____ per pay* from my earnings and forward it to Educational Systems Federal Credit Union for credit to my account.				\$	
I am employed by: _____				\$	
This is a: <input type="checkbox"/> New <input type="checkbox"/> Changed Deduction* _____				\$	
			MEMBER'S SIGNATURE _____	\$	
*IMPORTANT INFORMATION ON REVERSE SIDE. Credit Union Copy 1 & 2 Member Copy 3				TOTAL AMOUNT PER PAY \$	
Processed by _____ / _____					