

PAYROLL DEDUCTION



NAME _____

SOCIAL SECURITY # _____

PHONE # _____

COMPANY NAME _____ SEG # _____

_____ START _____ CHANGE _____ STOP _____ SAME

PRIMARY ACCT # _____

DISTRIBUTION OF PAYROLL DEDUCTION

ACCT #	SHARE/LOAN #	PRESENT AMT	NEW AMT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBER'S SIGNATURE _____

TODAY'S DATE _____ EMPLOYEE'S INITIALS _____

NAME _____ ACCT # _____

SOCIAL SECURITY # _____ BADGE # _____

I HEREBY AUTHORIZE & DIRECT MY EMPLOYER, _____

_____, TO DEDUCT \$ _____

FROM MY PAY AND REMIT THE SAME AMOUNT TO PEOPLE FIRST FCU
EACH PAYROLL PERIOD UNTIL FURTHER NOTICE FROM ME.

EMPLOYEE SIGNATURE _____

_____ START _____ STOP _____ CHANGE

