

Employee Name		Account No.
Payroll No.	Social Security No.	
CREDIT UNION		
TO PAYMASTER:		
I hereby authorize you to deduct the following amount from my pay:		
\$ _____ <input type="checkbox"/> each pay period OR <input type="checkbox"/> _____ until further notice from me and transmit same currently to the above named CREDIT UNION.		
<input type="checkbox"/> Start <input type="checkbox"/> Change Effective Date ► _____		
Employee Signature		Date Signed