

## The State Credit Union Payroll Deduction Form

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Payroll No.  SSN \_\_\_\_\_

To Paymaster: \_\_\_\_\_

I hereby authorize you to deduct the following amount from my pay.

each payroll period OR  monthly

until further notice from me, and transmit same currently to the above named Credit Union

Start  Change \$

Date \_\_\_\_\_ Effective Date

Signature of Employee \_\_\_\_\_



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