| payroll deduction form |
| --- |
| member information |
| **Name:** |
| **Date of birth:** | **SSN:** | **Phone:** |
| **Current address:** |
| **City:** | **State:** | **ZIP Code:** |
| Employment Information |
| **Campus:** |
| **Department:** | **Position:** |
| **Phone:** | **E-mail:** |
| Payroll Supervisor: I hereby authorize you, until further notice from me, to change the amount of my regular deductions from pay for the College and University Credit Union |
| **FROM $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Current Amount** | **TO $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **New Amount** |
| SignaturEs |
| **SIGNATURE:** | **EFFECTIVE DATE:** |

|  |
| --- |
| FOR OFFICE USE ONLY |
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