| 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:** | |

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