

Teachers Federal Credit Union

ABA: 221475786

PAYROLL DEDUCTION AUTHORIZATION

CHANGE

Name _____ Acct. No. _____

Joint Name _____

Social Security _____ Employed By _____

I hereby authorize Payroll Dept. Supervisor to change my deduction from \$_____ to \$_____ for each pay period and to transfer this amount to Teachers Federal Credit Union beginning...

Date _____

Deduction shall continue until:

- I leave my employment
- I change authorization by written notice to my employer, or
- Cancellation of authorization by written notice to my employer

\$

Amount Deducted Per Paycheck

Member Signature _____

Joint Signature _____

SUBMIT TO BUSINESS OFFICE

PAYROLL DEDUCTION DISTRIBUTION AUTHORIZATION

Name _____ Acct. No. _____

Joint Name _____

Date _____ Payroll Deduction Amount: \$ _____

I hereby authorize Teachers Federal Credit Union to distribute the above payroll deduction amount to the following account beginning...

Date _____

My Personal Accounts

Share	\$ _____	Share Draft	\$ _____
Vacation	\$ _____	IRA	\$ _____
Holiday	\$ _____		\$ _____
	\$ _____		\$ _____

Other Accounts

Name	_____	Acct. No.	_____
Acct. Type	_____	Amt. \$	_____
Acct. Type	_____	Amt. \$	_____
Name	_____	Acct. No.	_____
Acct. Type	_____	Amt. \$	_____
Acct. Type	_____	Amt. \$	_____

Continue distribution authorization until written notice to Teachers to change or cancel

Member Signature _____

Joint Signature _____

Employed by _____

Employee _____ **Branch** _____

SUBMIT TO: Teachers Federal Credit Union