

Payroll Deduction Authorization

Name _____ Social Security Number _____ - _____ - _____

Date ____ / ____ / ____ Employer _____

Employer Mailing Address _____

City _____ State _____ Zip _____

SECTION 2

I hereby authorize my employer to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize my employer to direct ElecTel to return said funds. This authority is to remain in effect until the company has received timely written notice from me of termination or until the company or forum has sent me ten days written notice of termination of this arrangement. The company may also suspend this arrangement to fulfill lawful wage validity of the information on this form.

Signature _____ Date ____ / ____ / ____ Work Phone (____) _____

Mailing Address _____

City _____ State _____ Zip _____

PAY DISTRIBUTION

Savings _____ \$ _____

Share Draft/Checking _____ \$ _____

Christmas Club _____ \$ _____

Special Savings _____ \$ _____

Loan Payment _____ \$ _____

Other _____ \$ _____

Related Account # _____ \$ _____



This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.



COOPERATIVE FEDERAL CREDIT UNION

Your Co-op, Your Credit Union

www.electelccu.org

800.849.5600