

ELECTEL COOPERATIVE CREDIT UNION PAYROLL DEDUCTION AUTHORIZATION

MEMBER NAME _____

ACCOUNT # _____

EMPLOYER _____

SOCIAL SECURITY # _____

INITIAL AUTHORIZATION

CHANGE IN AUTHORIZATION

I hereby authorize my employer to deduct from my salary the amounts set forth below and to deposit these funds at ElecTel Cooperative Credit Union for each payroll period following receipt of this authorization until further notice from me. If this is a change in previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this authorization.

DEDUCTIONS

SAVINGS

LOANS

REGULAR SAVINGS \$ _____

CHECKING \$ _____

CHRISTMAS CLUB \$ _____

MONEY MARKET \$ _____

OTHER _____ \$ _____

OTHER _____ \$ _____

TOTAL \$ _____

LOAN # _____ \$ _____

LOAN # _____ \$ _____

LOAN # _____ \$ _____

LOAN # _____ \$ _____

OTHER _____ \$ _____

OTHER _____ \$ _____

TOTAL \$ _____

*** NOTE: USE SEPARATE FORM FOR IRA CONTRIBUTIONS.

THESE DISTRIBUTIONS ARE TO BE MADE FROM MY PAYROLL SHARE TYPE (check one): 01 - SAVINGS 75 - CHECKING

THIS CHANGE IS EFFECTIVE _____ (DATE).

MEMBER SIGNATURE _____

LOAN OFFICER SIGNATURE _____

OFFICE USE ONLY:

CHANGE MADE ON _____

PROCESSED BY _____