

PAYROLL DEDUCTION AUTHORIZATION

The undersigned hereby authorizes _____ to deduct a total of \$ _____ from my gross earnings each payroll period beginning _____, 20____, as follows:

In payment for:	Amount:
___ Credit Union	\$ _____.
___ Employee Savings Plan	\$ _____.
___ 401(k) Plan	\$ _____.
___ Union Dues	\$ _____.
___ _____	\$ _____.
___ _____	\$ _____.
___ _____	\$ _____.
___ _____	\$ _____.
Total	\$ _____.

Signature

Date

Printed Name

Social Security Number

NOTE: Please keep a copy of this form for your records.