

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

REGULAR SAVINGS	\$ _____
CHECKING	\$ _____
CHRISTMAS CLUB	\$ _____
MONEY MARKET	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
TOTAL	\$ _____

LOANS

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 _____