



115 HARDMAN AVENUE SOUTH
SOUTH SAINT PAUL, MN 55075
(651)224-4631

PAYROLL DEDUCTION AUTHORIZATION

MEMBER _____ ACCOUNT # _____

EMPLOYER _____

_____ 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 in my credit union account for each payroll period following the receipt of this authorization until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and 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.

DEPOSIT AMOUNT \$ _____ PAYROLL PERIOD _____ WEEKLY
_____ NET CHECK _____ BIWEEKLY
_____ MONTHLY
_____ SEMI-MO

CREDIT UNION ROUTING NUMBER: 296075726

BY SIGNING BELOW, I AUTHORIZE THE CREDIT UNION TO APPLY MY PAYROLL DEDUCTION FOR EACH PAY PERIOD AS FOLLOWS:

SHARE SAVINGS	\$ _____	OTHER _____
CHECKING	\$ _____	_____
CHRISTMAS SAVINGS	\$ _____	_____
LOAN #	\$ _____	_____
LOAN #	\$ _____	_____
LOAN#	\$ _____	_____
TOTAL AMOUNT	\$ _____	

X _____ DATE _____
SIGNATURE