

UNIVERSITY CREDIT UNION PAYROLL DEDUCTION FORM

Last Name	First Name	Middle Name
UCU Member #	Employee # <i>(All Groups)</i>	Social Security #
Department Name		Daytime Phone #

☐ UCLA
 ☐ ASUCLA Shares
 ☐ ASUCLA Loans
 ☐ Getty
 ☐ Pepperdine

AUTHORIZATION (check one): ☐ New Request ☐ Change ☐ Cancellation

DEDUCTION FREQUENCY (check one): ☐ Monthly ☐ Semi-Monthly ☐ Bi-Weekly

I hereby authorize you to deduct \$_____. from each paycheck starting on _____ *(must be the actual check date)* and to deposit this amount with UNIVERSITY CREDIT UNION for credit to my account.

Upon the receipt of my funds, please distribute them to the following account(s) and/or suffix(es):

Account #	Type <small>(Savings, Checking, IRA, Loan)</small>	Suffix #	Name on the Account* <small>(if different than above)</small>	Amount
TOTAL AMOUNT				

I understand that I may cancel this deduction at any time. **This deduction request supersedes any and all prior deduction requests.** I further understand that this authorization shall remain in effect until revoked by me, allowing time to meet payroll deadlines to change the payroll records in order to make effective any changes in this assignment. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made. This agreement will remain in effect until termination of my employment or until I submit written notice of cancellation upon a prescribed form acknowledged by the University Credit Union. **Change or cancellation of this authorization must be made in writing.**

I also understand that a deduction for a loan that has been paid in full will not stop automatically. I must submit a new payroll deduction form to stop that deduction. If a new payroll deduction form is not completed after a loan is paid, the loan deduction amount will be deposited into my UCU Regular Share Savings Account.

Signature _____ Date _____

Signature of Other Account Owner _____

* If you are requesting a distribution to another member's UCU account, the owner of that account must sign this form to initiate the request. UCU cannot reverse a distribution between two separately owned accounts without the written approval of both the sending and receiving parties.

CU Use Only: PDG No.	Received By (Teller #) / Date	Input By (Teller #) / Date
	/	/