

Payroll Deduction Authorization
University Credit Union
846 Commonwealth Avenue
Boston, MA 02215
Phone: (617) 739-7447
Fax: (617) 739-8346
www.universitycu.org

Last Name: _____

First Name: _____

Middle Initial: _____

Social Security #: _____

Credit Union Account#: _____

Employee ID #: _____

I have this day authorized my employer _____ to deduct from my wages

EACH PAYROLL PERIOD (select one: weekly _____ bi-weekly _____ monthly _____)

the Total amount of \$ _____ until further notice from me, and deposit the same currently in the University Credit Union.

The University Credit Union is authorized, upon receipt of my payroll deductions, to apply the deductions as follows:

SHARES _____

MONEY MARKET SAVINGS _____

CLUBS _____

IRA _____

LOAN(S) _____

N.O.W. _____

I understand that I am to terminate payroll deductions in the same method in which I began it. I wish to continue making my loan payments by payroll deduction until such time as I decide to terminate by that method as to future deductions, even in the event of bankruptcy, and if I fail to so terminate, I request that payments continue to be made voluntarily to the loan in accordance with my prebankruptcy instructions.

Signature of Member: _____

Date: _____

Credit Union Authorized Signature: _____
(Subject to University Credit Union Approval)