

NY TEAM FEDERAL CREDIT UNION

Name _____ Date _____

Address _____
Street
City
State
Zip Code

To The Staten Island Rapid Transit Operating Authority:

1. I hereby authorize the Staten Island Rapid Transit Operating Authority to deduct from my wages each week the amount indicated below and to forward such amount to NY TEAM Federal Credit Union on my behalf.

2. In the event that my employment with the Staten Island Rapid Transit Operating Authority should cease, for any reason whatsoever, either temporarily or permanently, I hereby authorize the Staten Island Rapid Transit Operating Authority to pay NY TEAM Federal Credit Union any and all monies due me from the SIRTOA, to satisfy any outstanding balance owing to the said Credit Union by me and existing at the time of my cessation of service.

3. I understand that the NY TEAM Federal Credit Union is an independent organization and is not affiliated with the Staten Island Rapid Transit Operating Authority, and that the Staten Island Rapid Transit Operating Authority assumes no obligation to me with respect to any transaction between me and the NY TEAM Federal Credit Union. Further, I hereby release the Staten Island Rapid Transit Operating Authority from any liability arising out of the failure of the Staten Island Rapid Transit Operating Authority to make any deductions or payments authorized by me.

4. I have read the conditions and I understand and agree to be bound by them.

Signature _____

Deduction to _____
 Start _____
 Stop _____
 Change (_____)
 Old Amount _____

1		3	4		7		12	
C								
		Payroll No.			Employee No.			Account No.

14		16		18		33
1st & 2nd Initials		Last Name				

36		44		47	51		54	58
Social Security No.				Shares		Auto Ins.		

61		65		68	72		75	80
Home Ins.		Life Ins.		Total PR Deduction				

