## Change of Payroll Deduction Authorization

Name	Member #
Employee # SSN	Effective Date
Education First Federal Credit Union	
I have this day authorized the Payroll Supervisor of the Spu	rger Independent School District to change the amount of my regular
deductions from my pay, from \$ as previous	to be transmitted to the
Education First Federal Credit Union to be applied as follows:	
Savings (Share) Account \$	Checking Account \$
Member's Signature	Date