New Payroll Deduction Authorization

Name	Member #
Employee # SSN	Effective Date
Education Fir	rst Federal Credit Union
This is to authorize the Payroll Supervisor of the Spurge until further notice \$	er Independent School District to deduct from my pay each payroll period on to be applied as follows:
Savings (Share) Account \$	Checking Account \$
Member's Signature	Date
*Attn: New credit	t union member - A completed and card is required to open an account.