

State Payroll Deduction Authorization Form

Credit Union Payee #: 17412498408000

SECTION A: AGENCY USE ONLY

Agency Name:	Agency #:	Unit #:	First Active Duty Date:
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SECTION B: EMPLOYEE INFORMATION

Social Security #:	Employee Name (Last, First, Middle):		
Mailing Address:	City:	State:	ZIP:
Home Phone:	Work Phone:		
Agency/University:	Facility/ Location:		

SECTION C: AUTHORIZATION FOR SET UP, CHANGES OR CANCELLATION

Credit Union Monthly Deduction: ☐ Start Deduction ☐ Stop Deduction ☐ Change Amount of Deduction

Effective Date: _____ Amount of Deduction: _____ Amount of Fee: _____

Share or Deposit Account #: _____

I authorize the monthly deduction from my salary or wages for a credit union payment and associated fee as indicated above. I understand that this deduction is for deposit to a share or deposit account and does not authorize a loan payment. I understand that I may revoke this authorization at any time by written notice. I recognize that if I fail to provide complete and accurate information on this form or to the credit union designated by this form, that my payments may be erroneously transferred electronically. I understand that the credit union may withdraw funds from the designated account if they were deposited in error, subject to federal and state law. I agree to comply with the rules adopted by the Comptroller concerning deductions for credit union payments.

Employee Signature

Date

SECTION D: CREDIT UNION

The employee designated by this form has a share or deposit account at the above named credit union. The credit union assumes responsibility for depositing the amount received by the Comptroller of Public Accounts or state agency named above to the account designated by the employee at the above named credit union.

Credit Union Representative Name:	Representative Signature:	Date:
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CREDIT UNION COPY