



PAYROLL DEDUCTION

Authorization Form

OAS Staff FCU
 1889 F Street, NW • Washington, DC 20006
 Tel: 202-458-3834 • Fax: 202-458-3838

MEMBER INFORMATION

Member Name*		Account Number
Phone	Personal Email	Employee Number

PAYROLL DEDUCTION INFORMATION

<input type="checkbox"/> New <input type="checkbox"/> Change	Start Date (MM/YYYY)	Amount to be Deducted
		\$
Amount Distribution:	Savings	Checking
	\$	\$
		Loan
		\$

MEMBER SIGNATURE & AGREEMENT

By signing this form I hereby authorize the Fiscal Division of the General Secretariat of the OAS, IICA, Inter-American Defense Board, or IBS to deduct the amount indicated above from my monthly salary and deposit it in my account with the OAS Staff Federal Credit Union. The deduction for the loan account has granted as consideration for my loan and shall remain in force for the duration of the loan; the deduction for deposit to my share account shall continue in force until further notice.

Signature
Date

FOR INTERNAL USE ONLY

Date Received:	Date Flagged/Set Up:
Received By:	Flagged By: