

Mail completed form to:
ACS Document Processing Center
6E Founders Boulevard
El Paso TX 79906

CREDIT UNION DEDUCTION AUTHORIZATION FORM	CISCO _ _ _ _ _
CREDIT UNION USE ONLY	HOURLY <input type="checkbox"/>
ACCT# _ _ _ _ _ Maximum 8 Characters	SALARY <input type="checkbox"/> <i>(Please check one)</i>
<i>Deduction Code: CU ID 0086 (Hourly) UFCS (Salary)</i> <i>(4 character ID Required)</i>	Start new account <input type="checkbox"/>
	Change Deduction <input type="checkbox"/>
	Cancel Deduction <input type="checkbox"/> (GO TO BOTTOM OF THE FORM)

DEDUCTION AUTHORIZATION

You are hereby authorized and directed, until otherwise advised by me in writing, to deduct from my earnings each pay period, after all other legally required and authorized deductions have been made, and provided sufficient wages, are available, the sum of: _____, and to remit the same to **Members Exchange Credit Union**.

I understand that any and all deductions and remittances will be made in accordance with the rules, regulations and procedures established, and from time to time changed, by my employer.

In consideration of your action in making such deductions and remitting the same to **Members Exchange Credit Union**, I herewith release and fully discharge my employer from any and all liability or responsibilities of whatsoever kind or nature with respect to such deductions and remittances.

This Authorization supersedes and cancels any and all previously authorized deductions(s) for Credit Union purposes.

Employee Name _____ GMIN# _____
Or Delphi Employee's DIN# _____

Employee Signature _____ Date _____



CANCELLATION AUTHORIZATION

Please Cancel My Current Credit Union Deduction **CU** _ _ _ _ _

Employee Signature _____
(Must have employee's signature to cancel)

GMIN# _____ Date _____
Or Delphi Employee's DIN# _____