

Payroll Deduction Authorization



- 1) Complete this form below. Please print neatly.
- 2) Fax this form to SECU at 404-651-8632 for processing.
- 3) SECU will approve this form and return to your Payroll Department within 2 business days.
- 4) Deductions may need 1-2 pay periods to take effect.

Please Print

FIRST NAME

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MEMBER #

LAST NAME

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SOCIAL SECURITY NUMBER

DEPARTMENT

EMPLOYEE ID NUMBER (IF APPLICABLE)

I authorize my employer to begin payroll deductions each _____ beginning on _____ to be remitted to the State Employees Credit Union and credited to my accounts as follows:

NEW or CHANGE EXISTING

ACCOUNTS:

(A) REGULAR SAVINGS \$ _____
 (B) CHRISTMAS CLUB \$ _____
 (C) IRA \$ _____
 (D) OTHER \$ _____
 (E) CHECKING \$ _____
ACCOUNTS TOTAL \$ _____

LOANS:

(A) CAR LOAN \$ _____
 (B) DEPOSIT LOAN \$ _____
 (C) LINE OF CREDIT OTHER \$ _____
 (D) HOME LOAN \$ _____
 (E) OTHER \$ _____
LOAN TOTAL \$ _____

GRAND TOTAL \$ _____

I understand this authorization for deductions replaces any previous authorization and will remain in effect until terminated by me in writing. I wish to continue making my loan payments by payroll deduction until such time as I decide to terminate deductions, even in the event of bankruptcy, and if I fail to so terminate, I request that payments continue to be made voluntarily to the loans in accordance with my pre-bankruptcy instructions.

DATE

SIGNATURE

Office Use Only

PROCESSED BY:

DATE:

Credit Union Stamp