

C	3	LAST NAME	Initials	SOCIAL SECURITY NO.	EMPLOYEE NO.	HOME AREA	Code	Contract No.
1-2				7	15		46	51
							CREDIT UNION	

# CREDIT UNION PAYROLL AUTHORIZATION TO

This authorization will remain in effect until another change card is properly filled out and signed by employee and an authorized officer of the Credit Union.

- DEDUCT
- CANCEL

- New Account
- Increase
- Decrease

			0	0
Pay Period Amount				
41				45

Previous Amount				

\_\_\_\_\_  
Date of Last Change

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer