

LOYOLA UNIV. EMPLOYEES'
FED. CREDIT UNION

PAYROLL DEDUCTION
AUTHORIZATION

MEMBER NAME _____ ACCT. # _____

DEPT _____ SSN# _____ / ID# _____

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this authorization. If I fail to cancel the Authorization upon filing for Bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Start _____ Change _____ Deduction amount \$ _____

Payroll Period _____ Bi-Weekly _____ Monthly _____ Semi-Monthly

Date _____ Effective Date _____

Signature of Employee _____

By signing above, I authorize the Credit Union to start or change my payroll deduction for each pay period as follows:

Share/Savings \$ _____ Share Draft/Checking \$ _____

Christmas Club \$ _____ Vacation Club \$ _____ IRA \$ _____

Loans \$ _____ Loans \$ _____ Loans \$ _____ Other _____

LSC/WTC