



# MUNICIPAL CREDIT UNION PAYROLL DEDUCTION AUTHORIZATION

<b>ACCOUNT NUMBER</b>		<b>EMPLOYER</b>	
<b>NAME</b>		<b>SOURCE # &amp; PAYROLL #</b>	
<b>TOTAL DEDUCTION</b>		<b>SAVINGS OR CHECKING</b>	<b>ID</b>
\$			
<b>START DATE</b>		<b>STOP DATE</b>	
<input type="checkbox"/> <b>WEEKLY</b>		<input type="checkbox"/> <b>BI-WEEKLY/SEMI-MONTHLY</b>	
<b>TOTAL DEDUCTION AMOUNT</b>		<b>DATE</b>	<b>REP.</b>
\$			

**TO EMPLOYER PAYROLL DEPARTMENT:**

I HEREBY AUTHORIZE YOU TO DEDUCT FROM EACH OF MY SALARY CHECKS THE DEDUCTION AMOUNT SHOWN FOR THE PURPOSE OF PURCHASE OF SHARES AS INDICATED ON THIS FORM AND TO TRANSMIT SUCH FUNDS TO THE MUNICIPAL CREDIT UNION OF WHICH I AM A MEMBER. I UNDERSTAND THAT THIS AUTHORIZATION MAY BE REVISED OR REVOKED AT ANY TIME BY WRITTEN NOTICE TO YOU.

**TO MUNICIPAL CREDIT UNION:**

I AUTHORIZE YOU TO DEBIT MY ACCOUNT(S) FOR ANY AMOUNT(S) WHICH MY AGENCY'S PAYROLL OFFICE IN ITS SOLE DISCRETION DEMANDS REFUNDED TO IT. I UNDERSTAND THAT IT MAY TAKE UP TO THREE (3) PAY PERIODS FOR ANY STOP, START OR CHANGE IN DEDUCTIONS TO TAKE EFFECT. I AGREE TO REIMBURSE MUNICIPAL CREDIT UNION FOR ANY LOSSES IT MAY INCUR AND HOLD IT HARMLESS FOR ANY AMOUNTS REFUNDED AND FOR ANY DELAY ASSOCIATED WITH STOPPING, STARTING OR CHANGING THESE DEDUCTIONS.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_