

MUNICIPAL CREDIT UNION

ACCOUNT NUMBER



EMPLOYEE NAME	EMPLOYER(NAME OF ORGANIZATION YOU WORK FOR)	PAYROLL NO. OR AGENCY CODE					
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SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER	LINE#
		PASS NO.

MUNICIPAL CREDIT UNION DEDUCTION AUTHORIZATION

TO EMPLOYER PAYROLL DEPARTMENT:

I HEREBY AUTHORIZE YOU TO DEDUCT FROM EACH OF MY SALARY CHECKS THE DEDUCTION AMOUNT SHOWN FOR THE PURPOSE OF REPAYMENT OF LOANS AND/OR PURCHASE OF SHARES AS INDICATED ON THE REVERSE SIDE OF THIS CARD 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 THT 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, STARDING OR CHANGING THESE DEDUCTIONS.

JSN	DOLLARS				CENTS	
I	\$					

START DEDUCTION

INCREASE DEDUCTION

DECREASE DEDUCTION

STOP DEDUCTION

Date

Signature

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